Postoperative Issues
Discharge Criteria

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KEYWORDS

• Ambulatory surgery • Discharge criteria • Fast-track • Discharge scoring

KEY POINTS

- Use of discharge criteria provides a safe and reliable mechanism for postanesthetic recovery assessment in the ambulatory surgery setting.
- Fast-tracking (bypassing the postanesthesia care unit) is an acceptable and safe pathway, provided careful patient selection and assessment are performed.
- Having an adult escort to accompany the patient after discharge is a prerequisite.
- Recovery continues even after hospital discharge, with current evidence of cognitive impairment for up to 3 days after general anesthesia.

POSTANESTHETIC RECOVERY

With the continuous increase in the numbers and complexity of cases being done as ambulatory procedures, striking a balance between operational efficiency, patient safety, and patient satisfaction has become increasingly difficult. This article summarizes the latest evidence and consensus with regard to discharging an ambulatory patient home, the use of patient recovery scoring systems for protocol-based decision making, the concept of fast-track recovery, and requirements for patient escort.

Recovery has been defined as an ongoing process that begins from the end of intraoperative care until the patient returns to his or her preoperative state. It may be simplified into 3 phases: early recovery (Phase 1), which starts from the moment anesthetic agents are discontinued until the recovery of protective reflexes and motor function; intermediate recovery (Phase 2), when the patient has recovered enough to allow discharge to home; and late recovery (Phase 3), when the patient returns to his or her preoperative physiologic state.[1] Traditionally, Phase 1 occurs in the postanesthetic care unit (PACU) and Phase 2 in the ambulatory surgical unit (ASU) (or similar stepdown units). With modern drugs and anesthetic techniques, Phase 1 may be complete

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by the time the patient leaves the operating room, which allows for fast-tracking such patients directly to the ASU and bypassing the PACU (Phase 1) completely. This approach is increasingly being taken in many ambulatory surgical centers.[2]

DISCHARGE SCORING SYSTEM

Although the decision to discharge a patient is ultimately a physician's responsibility, it may be delegated to the nursing staff using standardized discharge criteria and procedures.[3] The use of discharge criteria is associated with reduced length of stay in the PACU in comparison with traditional time-based criteria.[4]

The modified Aldrete score has been used extensively as an objective assessment tool during Phase 1 recovery to guide discharge from the PACU to a ward (**Table 1**).[5,6] Though not originally designed for ambulatory patients, it has been applied in the ambulatory setting with success. The system assigns a score of 0, 1, or 2 for activity, respiration, circulation, consciousness, and oxygen saturation, giving a maximum score of 10. A score of 9 denotes a patient who is ready to be discharged to an ambulatory surgical ward.

Fast-Tracking

As stated earlier, fast-tracking in ambulatory anesthesia is the process of bypassing the PACU and directly transferring a patient from the operating room to the

Table 1
The modified Aldrete scoring system for determining when patients are ready for discharge from the postanesthesia care unit

Discharge Criteria from Postanesthesia Care Unit	Score
Activity: able to move voluntarily or on command	
Four extremities	2
Two extremities	1
Zero extremities	0
Respiration	
Able to breathe deeply and cough freely	2
Dyspnea, shallow or limited breathing	1
Apneic	0
Circulation	
Blood pressure ±20 mm of preanesthesia level	2
Blood pressure ±20–50 mm preanesthesia level	1
Blood pressure ±50 mm of preanesthesia level	0
Consciousness	
Fully awake	2
Arousable on calling	1
Not responding	0
O_2 saturation	
Able to maintain O_2 saturation >92% on room air	2
Needs O_2 inhalation to maintain O_2 saturation >90%	1
O_2 saturation <90% even with O_2 supplementation	0

A score ≥9 was required for discharge.

From Aldrete JA. The post-anesthetic recovery score revisited. J Clin Anesth 1995;7:89–91; with permission.