Worcestershire Acute Hospitals NHS Trust

DISCHARGE CRITERIA FROM RECOVERY TO WARD

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

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Key Document Owner:	Dr James Hutchinson
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Review Date: **This is the most current document and should be used until a revised version is in place**	17th January 2027

Key Amendments

Date	Amendment	Approved by
Oct 2020	Document approved with no changes	SCSD governance meeting
June 2023	SBAR Appendix for handover added	
28th Nov 2023	Document extended for 3 months whilst under review	Dr J Hutchison
January 2024	Reviewed by TACCSS governance meeting	
April 2024	Section on use of monitoring for discharge to HDU/ITU areas included	TACSS Governance 17.4.2024

1.Introduction.

The Recovery area is a specialist clinical area often referred to as the Post Anaesthesia Care Unit (PACU).

Recovery practitioners must possess the competencies to provide safe and effective care without direct supervision. The practitioner must understand the implications of the surgery the patient has undergone and the complications which may be expected.

The final decision regarding discharge to the ward lies with the Anaesthetist responsible for the patient. When critically ill patients are managed in the recovery unit, the primary responsibility for the patient lies with the critical care team e.g. the anaesthetist, or ITU clinician. The standard of nursing and medical care should be equal to that within the critical care unit.

Recovery practitioners must be competent in advanced airway management and in managing a patient with a supraglottic airway in situ. The removal of the endotracheal tube is the responsibility of an anaesthetist

2.Scope of Policy.

This policy applies to medical staff and registered healthcare professionals who are involved in the care of any patient who has undergone some form of Anaesthesia. It covers minimum discharge criteria that must be met prior to the patient being discharged to the ward.

3.Definitions.

PACU - Post Anaesthetic Care Unit will define any area where patients are taken following any clinical intervention performed and then held until they meet the discharge criteria
NEWS 2- National Early Warning Score (NEWS) provides national guidance in standardisation of critical signs for patients in the acute setting. For an acutely unwell patient, a fast, efficient and consistent response is essential to optimise clinical outcomes.
SBAR- a handover tool that covers Situation, Background, Assessment and Recommendation.

4. Responsibility and Duties.

4.1 Role of Individual Staff

The Trust expects all staff, including temporary staff and those from other organisations, to adhere to the principles of the discharge criteria policy in environments where interventional procedures are taking place.

Theatre practitioners involved in the recovery of any post operative patient should ensure they have received the relevant training and be competent in the required skills to perform the role safely and effectively.

4.2. Role of the Theatre/Departmental Managers

To assume day-to-day responsibility for the implementation of this policy. To ensure the health, safety and risk management standards are met and maintained, and any risks minimised when implementing this policy.

To ensure training records reflect that each staff member has been assessed as competent in the skills required for a recovery practitioner and individuals have also completed relevant NEWS2 e-learning module

Theatre manager should ensure adequate and appropriate facilities are available for all theatre staff to carry out the post operative recovery role.

To facilitate audits on documentation with the PACU setting including NEWS2 audits.

4.3. Role of the Divisional managers

To assume overall responsibility for compliance with this policy within their areas. This includes ensuring that Senior Managers have agreed and instigated a structure that ensures all staff have been informed, educated and trained appropriately in the utilisation of the recovery discharge criteria policy in any environment where interventional procedures are taking place, and that they remain competent to do so.

To monitor the dissemination, training, competency and compliance of the procedures set out in the recovery discharge criteria policy at Worcestershire Acute NHS Trust.

To receive and monitor monthly results of the NEWS2 audits and provide compliance information to Trust committees.

5. Policy Detail.

5.1 All recovery staff should receive a full handover from the anaesthetist following the SBAR protocol (Appendix 2)
5.2 The discharge criteria should be clearly displayed in all areas where post op recovery occurs to allow staff to refer to should they have any concerns (see Appendix 1).
5.3 All patients should meet the discharge criteria unless a pre-existing condition prevents this or they did not meet the criteria prior to surgery. Any patient not meeting the required criteria prior to discharge should be discussed with or reviewed by the responsible anaesthetist or on call anaesthetist.
5.4 An elevated NEWS2 score is not a reason for a patient to be kept in recovery. If the elevated NEWS2 score can be explained (for example the score was elevated pre-operatively or it is a response to surgical intervention that is not life threatening, then provided the patient is clinically stable and meets the discharge criteria and the anaesthetist responsible is aware of the situation then the patient maybe discharged from recovery. This elevated NEWS2 score should then be handed over to ward staff
5.5 All staff undertaking post operative recovery should have completed either the WAHT recovery competencies or in the case of locum/agency workers have demonstrated to a senior individual they are qualified to undertake recovery.
5.6 Recovery staff should be trained in IV drug administration or booked on a course in the case of new starters, and follow all relevant trust policies during the administration of them.
5.7 Recovery staff should also be ILS qualified or booked onto a course in the case of newly qualified.
5.8 All recovery staff including agency should have completed the relevant NEWS2 training.

6. Handing over to ward staff

6.1 Patients should be transferred to the ward accompanied by two members of staff
6.2 Anaesthetic record to accompany patient with recovery and prescription charts
6.3 Relevant drugs administered should be handed over
6.4 Any patients being transferred from the Post Anaesthetic Care Unit to an area that provides high levels of care, such as Intensive Care Unit, High Dependency Unit or Vascular/Surgical High Care will be transferred with a minimum standard of monitoring. This includes Oximetry, ECG and Blood pressure. Invasive monitoring, if in place and deemed appropriate by the Recovery practitioner may also be used a but is not a minimum standard.

Once handover to the Ward staff is complete then the monitoring may be removed/changed and this should be returned by the practitioner who transferred the patient to the appropriate area”

7. Documentation

7.1 Recommended documentation to facilitate discharge from Recovery includes but is not limited to:
- NEWS2 chart
- IV Fluid prescription
- Drug chart
- Anaesthetic Chart
- Operation Note
- Spinal Care pathway (when relevant)
- Epidural prescription (when relevant)
- IV cannula record and phlebitis form (when relevant)
- Central Line LocSSIP and observation form (when relevant)

Where possible these should be recorded on the Electronic Patient Record.

Implementation.

New Staff
All new staff should complete competencies and be aware of the discharge criteria before working unsupervised

Existing Staff
Will have access both electronically and printed copies around the recovery areas to refer to agreed discharge criteria

Training
Other than offering new starters competencies. All staff will be expected to use the discharge criteria for all post operative patients

Audit/Outcomes.

Monthly NEWS audits

References.

(https://tfinews.ocbmedia.com/about) accessed june 2017

Appendix 1 - DISCHARGE CRITERIA FROM RECOVERY TO WARD

Airway and Level of Consciousness
- ✓ Patient is able to maintain their airway and exhibit protective airway reflexes
- ✓ The patient can follow simple instructions
- ✓ Patient is alert to voice and orientated to time and place, or a level that is expected for that patient

Respiratory System
- ✓ Respiratory rate to be between 10-24bpm
- ✓ Patients to maintain saturations of O2 that are comparable to pre-op values
- ✓ Oxygen to titrated in accordance to patients saturation levels
- ✓ Chest should rise equally on both sides and exhibits a regular respiratory pattern

Cardiovascular System
- ✓ Blood pressure is comparable to patients pre-op baseline, remains stable and falls within expected parameters
- ✓ No persistent bleeding
- ✓ Heart rate should be comparable to pre-op levels with no unexplained cardiac irregularities
- ✓ Patients who have significant blood loss should be haemodynamically stable.
- ✓ Capillary refill less than 2-3 seconds in patients who previously have no circulatory problems
- ✓ Urine output 0.5ml/kg/hour or above in long stay recovery patients

Disability
- ✓ Diabetic patients blood sugar 4-11mmols,or comparable to baseline readings and sliding scale commenced in medicated patients
- ✓ All intravenous access to be flushed prior to discharge
- ✓ Pupils are equal and reactive
- ✓ If the patient's temperature is below 35.5°C, start (or continue) forced air warming until they are discharged from the recovery room or until they are comfortably warm.

Pain
- ✓ Pain should be controlled and manageable
- ✓ Pain levels should tolerate deep breathing
- ✓ Suitable analgesia prescribed
- ✓ Additional O2 prescribed if receiving epidural or patient controlled analgesia

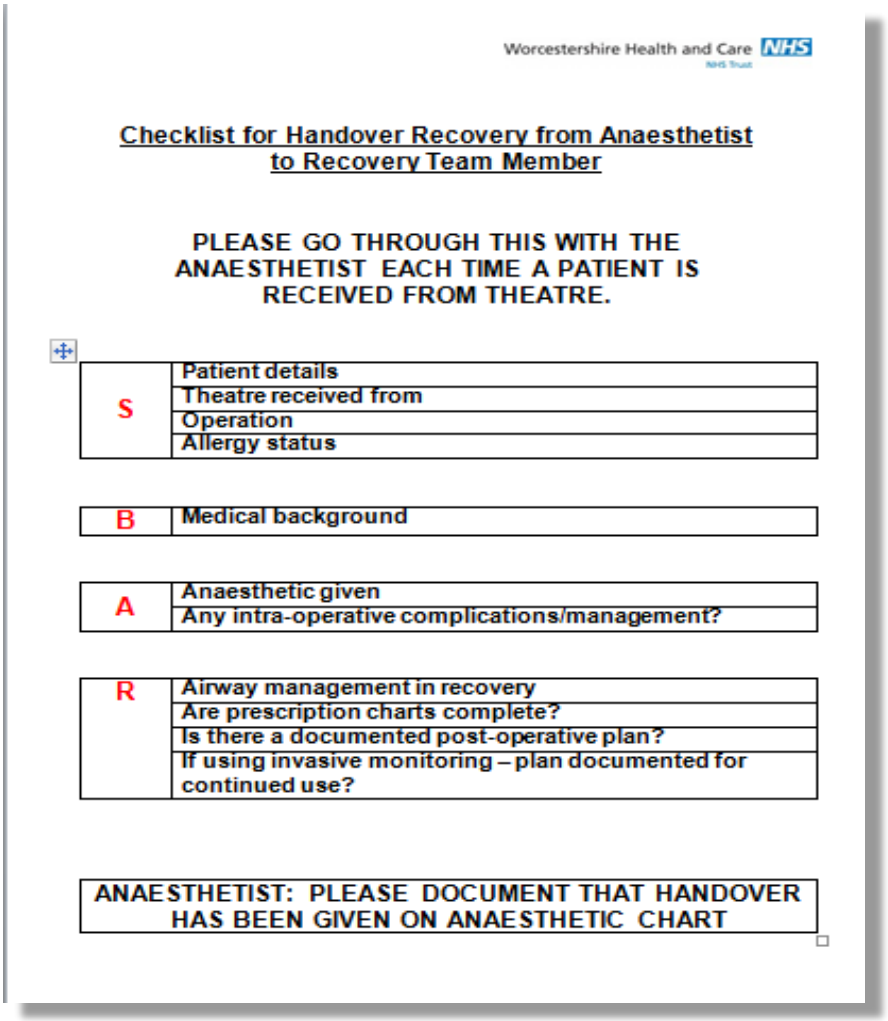
Nausea and vomiting
- ✓ Well controlled nausea and vomiting
- ✓ Anti-emetic regimes prescribed
- ✓ Intravenous fluids prescribed as necessary for post op fluid management.

Drains and Dressings
- ✓ Drains should be opened, patent and free from excess bleeding
- ✓ Catheters should be patent and draining
- ✓ Dressing should be clear or minimally stained
- ✓ No signs of swelling or haematoma present

Vascular observations
- ✓ Pedal pulses present in lower joint surgery
- ✓ Vascular observations stable
- ✓ Movement, sensation(unless block insitu) ,warmth and capillary refill present
- ✓ No signs of swelling or haematoma

Handing over to the ward nurse
- ✓ Anaesthetist should be satisfied with patient returning to the ward
- ✓ Criteria above should be followed
- ✓ NEWS score completed and handed over to nurse
- ✓ NEWS score to be within expected parameters

Appendix 2 – SBAR handover model



Worcestershire Health and Care NHS

Checklist for Handover Recovery from Anaesthetist to Recovery Team Member

PLEASE GO THROUGH THIS WITH THE ANAESTHETIST EACH TIME A PATIENT IS RECEIVED FROM THEATRE.

S	Patient details
	Theatre received from
	Operation
	Allergy status
B	Medical background
A	Anaesthetic given
	Any intra-operative complications/management?
R	Airway management in recovery
	Are prescription charts complete?
	Is there a documented post-operative plan?
	If using invasive monitoring – plan documented for continued use?

ANAESTHETIST: PLEASE DOCUMENT THAT HANDOVER HAS BEEN GIVEN ON ANAESTHETIC CHART