Post Anesthesia Care Unit (PACU) nurses often assess patient readiness for discharge using the Post Anesthesia Recovery Score (PARS), or “Aldrete” tool. However, PARS does not include data on pain, nausea, heart rate, and temperature that could slow discharge. The purposes of this study were to compare the effectiveness of a revised PACU discharge scoring tool that includes pain, nausea, heart rate, and temperature with the current PARS tool in time to readiness for discharge from a Phase I PACU and to assess reliability of the new tool compared to PARS. Both the PARS and new tool criteria are measured via objective assessment on a 0-2 point scale and use a sum score of all criteria to determine discharge readiness. 1 variable on the new tool differs for general and spinal anesthesia: physical activity; the new general anesthesia tool wording matches PARS criteria wording. Staff nurses on an Adult PACU in a 1200+ bed medical center completed both the PARS and new discharge readiness tool on 1,236 patients. Tools were completed at admission, 1 hour, and discharge. To assess the relationship between differences in time to discharge readiness based on the PARS and new tool, paired t-tests were performed. Of 1236 patients, 1142 (87%) had general and 94 (13%) had spinal anesthesia. Actual time in minutes patients were ready for discharge following general anesthesia based on PARS and the new discharge readiness tool were 115.94±245.5 vs. 80.6±233.0 minutes, a difference of 35.3±239.3 minutes, $P=0.0005$. Actual time in minutes patients were ready for discharge following spinal anesthesia based on PARS and the new discharge readiness tool were 171.0±291.3 vs. 176.4±312.3 minutes, a difference of -5.40±301.9 minutes, $P=0.90$. The new tool was associated with a decrease in time to readiness for discharge in patients having general anesthesia but not spinal anesthesia. For the general anesthesia tool, Kappa scores ranged from fair to good on criteria that could be compared ($\kappa$, 0.36-0.72) with PARS and split half reliabilities for the new general and spinal anesthesia tools at discharge were $>0.70$. The current study was limited in that it was a single center study that did not examine the use of this tool with pediatric or cardiac/thoracic surgery patients. A savings of 35.3 minutes per case (general anesthesia) could improve patient throughput and decrease costs of care. In addition, nurses may have increased confidence in discharging patients when they meet the cutoff score since more variables are assessed. Future research should apply this new tool in different patient populations and geographical areas.