

## **THROUGHPUT FACILITATION FOR PATIENTS UNDERGOING SPINAL ANESTHESIA**

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Throughput delays often negatively impact patient experience, therefore, decreasing patient/family satisfaction. The purpose of this project was to safely reduce the amount of time patients receiving spinal anesthesia were required to stay in the PACU. Patients undergoing procedures with spinal anesthesia were required to remain in the PACU until they were able to wiggle their toes which resulted in a prolonged length of stay by approximately 30 minutes.

A literature search supported that hemodynamic stability returns before sensory and motor function. Survey of the community showed that approximately 50% of area hospitals were waiting for the return of sensory and motor function while the other 50% were sending patients to their inpatient destination prior to sensory/motor return. ASPAN recommendations suggest that patients can be discharged to an in-house nursing unit when “sensory blockade is below T10, minimal movement of the lower extremities, and there is no need for fluid resuscitation”.

Approval to move forward was granted and a trial was conducted for spinal patients undergoing hip replacement that were going to the orthopedic floor. The new discharge criteria stated that level of blockade must be below dermatome level T10, showing signs of progression (at least 1 dermatome), and the patient must be hemodynamically stable (VS within 20% of baseline) with HOB  $\geq$  45 degrees for a minimum of 30 minutes. The trial lasted for 6 months with 0 adverse events and resulted in a decrease of PACU length of stay by  $\pm$  39.2 minutes.