

IMPLEMENTING POST-ANESTHESIA DISCHARGE CRITERIA IN A PEDIATRIC SURGICAL SETTING

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Background/Problem: Several discharge criteria scales exist for utilization in the perioperative setting. Phase One PACU utilizes one scale in our hospital but the criteria was not clearly defined for discharge from Phase Two to home which resulted in variation in practice when nurses rely on judgment and experience.

Objective: To create a Phase Two discharge criteria that could be utilized in a pediatric setting and provide general guidelines to safely discharge a child home.

Implementation: The team conducted a literature search and survey of similar pediatric hospitals and identified three primary discharge criteria scales being used. A discharge criteria scoring tool and guideline relevant to pediatrics was proposed to anesthesia and nursing, and implemented in 2013.

Successful Practice: Clearly defined Phase Two discharge criteria resulted in a higher nursing satisfaction rate and a more consistent practice. Based on the literature search, the team changed practice to not require fluids by mouth as a discharge criteria except for select patients.

Implications: Perianesthesia nursing collaborated with the department of anesthesiology to develop discharge criteria for pediatric surgical patients, which provide consistency in practice (standardization of care) and increased nursing confidence of when it is safe to discharge the patient to home.