Discharge Decision Making

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Objectives

- Describe how to determine readiness for discharge
- Discuss how to initiate a discharge plan

Discharge begins on arrival

- What does this really mean?
- Do we really do it?

Discharge to an Inpatient Unit

- Discharge criteria
  - Written
  - Cooperation with anesthesia department
  - Scoring systems
  - Unit policy
  - Documentation of readiness
  - Report and transfer

Scoring Systems

- ALDRETE (0-10)
  - activity
  - respiration
  - circulation
  - consciousness
  - color
  - Pulse oximetry

Scoring Systems

- REACT
  - Respiration
  - Energy (movement)
  - Alertness
  - Circulation
  - Temperature
Problems with Scoring Systems
- May never be a 9 or 10
- May be 10 and not ready for discharge
- Nausea and vomiting
- Urinary status
- Pain
- Cognitive abilities
- Emotional status
- Shivering
- Peripheral circulation
- Fluid status
- Condition of operative site

Discharge to home
- Discharge criteria
- Unit policy
- Documentation of readiness
- Discharge teaching
- Actual discharge
- Follow up

Obstacles to Discharge
- Surgical obstacles
- Anesthetic obstacles
- Logistical obstacles
- Social obstacles
- Legal obstacles

Surgical Obstacles
- Need for more extensive surgery
- Surgical “misadventures”
- Physiologic instability

Anesthetic obstacles
- Unplanned general
- Failed regional
- Laryngospasm
- Aspiration
- Nausea and vomiting
- Malignant hyperthermia

Logistical obstacles
- No room on the floor
- No room in the ICU
- No ride
- No transport
- No nurses
Social obstacles
- No-one at home
- Too many at home
- Someone at home is not better than no-one
- No phone
- No home

Legal obstacles
- Driving themselves
- AMA discharges
- Extra-ordinary circumstances

Strategies for Management of Identified Obstacles
- Nursing plan
- Surgical plan
- Anesthetic plan
- Coordinating the Plan

Case Study I
- Johanna Stevensen is a 37 year old patient who presents today for a hysteroscopy. PMH is unremarkable. She has a BSA of 33 She shows up with her husband on time, consent signed. Sails through the OR, although the case ran a bit long due to bleeding and into the PACU. 20 minutes after arrival, her O₂ sats fall into the 80s. She complains of SOB, is wheezing, RR 30+. Now what?

Case Study II
- Isolde Reema presents today for an ECT. She is brought by her daughter, who brings Mom in, says goodbye, with plans to return in 2 hours, the usual duration of her treatment time. Treatment goes as planned, and her daughter reappears at 10am. Unfortunately, her mother is nowhere to be found. Now what?

Case Study III
- Mr. Howard presents today from a nursing home for a G-tube placement. Upon interview, it is clear that Mr. Howard has no clue of where he is, nor why he is here, nor does he understand your attempt to explain it. You are, however, expected to get him ready for surgery, including obtaining the consent. Now what?
Case Study IV

- Deena Hunnicutt is a 97 year old patient presenting today for a cataract removal/lens implant as an outpatient. PMH is significant for diabetes, CAD, PVD, and an AK amputation of her left leg. She lives alone. Now what?

Case Study V

- Mrs. Klungle is preparing to take her 7 year old daughter home following a tonsillectomy, which finished up 6 hours earlier. Mr. Klungle shows up late, with the smell of alcohol on his breath. He has with him 3 other children, all under the age of 5. You know that Mrs. Klungle lives more than an hour away from the hospital. Now what?

Case Study VI

- Kevin Ringle is a 68 year old patient who presents in the PACU following a THR. OR course is unremarkable, and his only real problem in the PACU is pain. You have given him a total of 10mg MSO4 and 1cc of fentanyl over the 2 hours he was with you. You report this to the floor nurse and prepare to transport. You look over the postop orders and see that the floor order is for 75 mg demerol and 25 mg visteril SIVP. Now what?

Questions?

Thank you!

References