

**WAKE ME UP BEFORE I GO-GO:  
DEVELOPMENT OF POST SEDATION DISCHARGE ASSESSMENT TOOL**

Team Leader: Linda Beagley MS RN CPAN

Swedish Covenant Hospital, Chicago, Illinois

Team Members: Linda Rowan BSN RN CCRN, Charles Rosenberg BSN MBA RN,  
Nestor Pecson RN, Margaret Simmons BSN RN, Eva Peroulas MSN RNC-OB

**Background Information:** Our facility was notified a fee would be charged to continue using the Aldrete Discharge tool after February 1<sup>st</sup> 2015. We assembled a team of representatives from areas who administer anesthesia or recover patients, along with nurse educators and legal counsel. Weighing the options, the decision was made to discontinue using the Aldrete tool and investigate other discharge tools. After completing a literature search, the team choose to create our own discharge assessment tool.

**Objectives of Project:** Design a discharge assessment tool to be used in all areas who recover patients after receiving intravenous sedation.

**Process of Implementation:** Review of the literature revealed discharge tools that either mirrored the Aldrete tool, were difficult to utilize or did not address our needs. We recognized the limitation of the Aldrete tool which does not address elements of pain, comfort, nausea/vomiting that typically are assessed prior to advancing the patient into the next area of care or discharge home. It became evident, to address these issues we would have to create our own discharge tool. Utilizing the ASPAN Standards, Practice Recommendation 2—Components of Assessment and Management for the Perianesthesia Patient, specifically the discharge assessment for Phase I and II, parameters were developed. Ten criteria points were chosen and defined. To determine discharge readiness, the RN would answer “yes” or “no” to each element, ensuring criteria had been met prior to discharge. For any “no” response the RN was required to address the response, make a notation of how the parameter was being addressed and notify the physician if necessary.

**Statement of Successful Practice:** Two months after implementation an audit of 41 Cardiac Cath Lab and 84 PACU Phase I and/or Phase II charts was completed. Overall compliance was good with only 2 (5%) and 7 (8%) parameters respectively, not addressed. Communication between the PACU and the surgical units has improved during hand-off using the Post Sedation Discharge tool. The tool allows the PACU RN to focus on key elements during report. Feedback from the surgical units has been positive with reports of reduced post-op nausea, less incidents of hypo/hyper-tension and improved pain control.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Since the introduction of the Aldrete Discharge tool other indicators have been identified that are considered prior to discharge. Taking the steps to formulate a discharge tool using evidence-based practice and ASPAN Practice Recommendation recognizes important parameters to determine discharge readiness.