



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

Q: What is the definition of "responsible adult?"

If a patient does not have a responsible adult to accompany them at discharge, what do you suggest?

A: Since 2017, the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* no longer refer to "responsible adults" but rather, "responsible individuals." The American Society of Anesthesiologists reports insufficient literature to suggest that there are fewer complications or adverse events when patients are accompanied home. However, the consensus of perianesthesia experts and anesthesia providers is that requiring a responsible individual to accompany a patient remains prudent practice.

Determinants of Responsible Individuals

When determining whether or not a person can be the responsible individual, age is not the only factor. Sometimes, it is the relationship of the parties. Parents are presumed to have authority to act on behalf of their minor children. A minor who is a parent caring for his/her own child may be the "responsible individual," even if the minor and his/her child live with parents or other adult relatives. The most important description of the responsible individual is one who can report any postprocedure/ postanesthesia complications.¹

The ability to drive is not a prerequisite, although it may be necessary to ascertain whether the mode of transportation is safe for the patient. The patient cannot be the driver after sedation, but taking a taxi when accompanied by a non-driving "responsible individual" may be an acceptable option.² A blind or deaf person can be the responsible individual. Discharge instructions may be carried out through an interpreter. In today's society, many people live alone or are single parents. If the patient's "responsible individual" is a teenage child, you must consult the facility's policy regarding the discharge. It may be reasonable to discharge the patient with a teenager who understands the discharge instructions, and is willing and able to provide the necessary care.

Caregiver Support

What if the patient is not accompanied by a responsible individual? It is best to verify discharge arrangements prior to the procedure. At the time of admission, ask who will be caring for the patient after discharge, and what transportation arrangements are planned. Make sure the designated caregiver understands that the patient should not be left alone for the first 12-24 hours, depending on the procedure and the type of sedation.

Occasionally, the person driving the patient home is not the designated caregiver. If possible, contact the caregiver to review the discharge instructions and to answer any questions. If the caregiver does not comprehend the discharge instructions or is unable to perform the tasks necessary to care for the patient, it may be necessary to consult the

physician and obtain an order for home healthcare.

Occasionally, unaccompanied patients state they have someone to help them at home. If there is any question that the patient does not have home support, engage Care Management in finding solutions. Some facilities allow patients to leave via taxi with a physician's order. Consider notifying the caregiver when the taxi leaves the facility. Document the telephone number, the name, and the relationship of the individual.

Discharge

It may be necessary to obtain an order for the patient to spend the night in the facility (if that is an option). If no alternatives can be identified, the physician may need to cancel the procedure. When discharging a patient to a group home, review the discharge instructions with the group home supervisor. When discharging a patient to assisted living, contact the caregiver to determine what arrangements can be made for overnight care if a family member or friend is not going to be with the patient. With elderly patients, the accompanying spouse may require more care than the spouse having the procedure. When the patient is the spouse's caregiver, determine who else may be available to assist the couple after the procedure.

Never hold a patient against their will. False imprisonment is not an option. The patient could file both civil and criminal charges, depending on state laws. Consult the facility risk manager or administrator regarding leaving Against Medical Advice (AMA). AMA departures should be carefully documented in the medical record.

References:

1. American Society of PeriAnesthesia Nurses. *2023-2024 Perianesthesia nursing standards, practice recommendations and interpretive statements*. Cherry Hill, NJ: ASPAN; 2022.
2. Fleisher, FA. *Evidence-Based Practice of Anesthesiology*. 4th ed. Philadelphia, PA: Elsevier, 2023.
3. Schick L, Windle P. *PeriAnesthesia Nursing Core Curriculum: Preprocedure, Phase I and Phase II PACU Nursing*. 4th ed. St. Louis, MO: Saunders; 2021.

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