



# ASPAN

American Society of PeriAnesthesia Nurses

## Clinical Practice: Frequently Asked Question

### Q: What are the criteria for discharging a patient following spinal anesthesia?

**A:** The question about discharging patients after spinal or epidural anesthesia surfaces frequently. This question has been researched by the Standards and Guidelines Strategic Work Team and the Evidence Based Practice Strategic Work Team. There is currently no evidence which supports a better outcome or result from waiting to discharge a patient until the patient achieves one predetermined dermatome level over another predetermined dermatome level.

#### **Inpatient Discharge**

Perianesthesia nurses know from experience that patients with a dermatome level of T10 which is receding are generally safe for discharge to an inpatient unit. A T10 level indicates that the spinal/epidural anesthetic is resolving, the risk for a sympathetic block is diminished and the spinal will continue to recede after discharge.<sup>1</sup> When discharging a patient with this level to an inpatient unit, it is important that the receiving nurse unit knows not to place the patient in Trendelenburg position for any reason (e.g., for hypotension) since the level of the spinal/epidural could ascend if the patient is in that position. Instead, hypotensive patients post spinal or epidural are treated with fluid resuscitation or placed with legs raised to increase preload.

Perianesthesia nurses need to know whether there are facility policies defining specific discharge criteria for patients receiving spinal/epidural anesthetics. Some anesthesiologists may include such criteria as patient bending knees, lifting buttocks, stable blood pressure in a lateral position, etc., prior to discharge to an inpatient unit.

#### **Outpatient Discharge**

When patients are being discharged home or to another facility, there may be a policy which stipulates that the spinal/epidural should be fully resolved. Patients should be able to walk with a steady gait to ensure that they are safe at home. A fully resolved spinal/epidural includes Level S3, the perineal level. If this dermatome level is present, the patient should be able to void and should sense the urge to void.

Whether or not a patient is required to void prior to being discharged after a spinal/epidural is left to the individual facility policy and practice. There are anecdotal stories of patients reporting incontinence in their private vehicles when they are discharged prior to full resolution of the spinal/epidural. Patient dissatisfaction may be one reason some facilities require full resolution of the spinal/epidural before discharge.

The bottom line is discharge criteria should be developed in consultation with one's anesthesia department and facility policies need to be followed.<sup>2</sup>

#### **References:**

1. Schick L, Windle PE, eds. *PeriAnesthesia Nursing Core Curriculum: Preprocedure, Phase I and Phase II PACU Nursing*. 3rd ed. St. Louis, MO: Saunders; 2016. Pages 357-258, 1252-1253.
2. American Society of PeriAnesthesia Nurses. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.

*This FAQ was reviewed and updated July 2019*