Clinical Practice: Frequently Asked Question

Q: What are the differences between Phase I, Phase II, and Extended Care (Extended Observation/Phase III)?

A: This is a frequent question that comes through the Clinical Practice network. The questions range from "What are the differences between Phase I, Phase II, and Phase III?" to "Can I get a patient up in Phase I?" to "Can I discharge a patient home from Phase I?"

The ASPAN Standards define Phase I, Phase II, and Extended Care (Extended Observation / Phase III) as levels of care, not physical places. Therefore, the care that is provided is dependent on where the patient is in their physical recovery, not the physical location that they are in.1

"Postanesthesia Phase I – The nursing roles in this phase focus on providing postanesthesia nursing in the immediate postanesthesia period, transitioning to Phase II, the in-patient setting, or to an intensive care setting for continued care. Basic life-sustaining needs are of the highest priority. Constant vigilance is required during this phase."

"Postanesthesia Phase II – The nursing roles in this phase focus on preparation for care in the home or an extended care environment."

"Extended Care – The nursing roles in this phase focus on providing care when extended observation/intervention after discharge from Phase I or Phase II is required."

Phase I is the level of care in which close monitoring is required, including airway and support for effective ventilation, progression toward hemodynamic stability, pain control, fluid management, and other acute aspects of patient care. When the patient has progressed beyond these elements of care, they can progress to Phase II level of care. Phase II is the level of care in which plans and care are provided to progress the patient home. This may be in the same physical location as Phase I care. Many PACU’s are providing blended levels of care, in which all levels of care are provided in the same location. This is often done for staffing reasons, workflow efficiencies or for continuity of care. So, if a patient is ready to ambulate to the bathroom and is awake and stable enough, they are not necessarily a Phase I patient anymore. They have progressed to Phase II level of care, even if they are in the same location. The same goes for discharging a patient home from Phase I. If a patient is ready to go home, they have progressed beyond Phase I level of care, into Phase II level of care, and may go home if they meet discharge criteria. Again, the Phases are NOT locations, but LEVELS OF CARE.

Extended Care, previously Extended Observation / Phase III, may also occur in the same physical location as care provided to Phase I and Phase II patients. This phase is for patients who have met criteria to leave Phase I, but are not able to go to another place. The most common reason for this is that there is no available inpatient bed. In this case, the patients may stay in the location where they received Phase I level of care if there is nowhere else to move them. The difference is that these patients are basically an inpatient at this point, and the assessments and care required are different from that of a Phase I patient. The staffing expectations would also be different, as defined in the ASPAN 2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements, “Practice Recommendation 1 – Patient Classification/Staffing Recommendations.”

The elements to consider for assessments as well as discharge from Phase I, Phase II, or Extended Care levels of care are found in the ASPAN 2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements, “Practice Recommendation 2-Components of Assessment and Management for the Perianesthesia Patient.” These elements help determine the
patient’s phase of care and whether the patient is ready to progress to the next level, regardless of where the care will be provided.

References:


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