



How to organize the post operative pathway

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Day Surgery: Logistic process
postoperative care: tail of the process



Day Surgery is a logistic process: the complete logistics of a hospital treatment **within a couple of hours!!** This means: well organized, dedicated to process!!!!

Stage of recovery	Clinical definition
Early recovery	Awakening and recovery of vital reflexes <i>PostAnesthesiaCare Unit</i>
Intermediate recovery	Immediate clinical recovery Home readiness <i>STEP DOWN RECOVERY UNIT</i>
Late recovery	Full recovery <i>Post Discharge</i> Psychological recovery <i>care HOME</i>

Reproduced with permission from Steward DJ, Volgyesi G. Stabilometry: a new tool for measuring recovery following general anaesthesia. Can Anaesth Soc J 1978;25:4-6.



First Phase Recovery: PACU

- **Beds:** Beds to OR Ratio: **2:1**
- **Staffing:** Nurse to Patient Ratio **1:3**,
Anesthesiologist supervising
- **Equipment**
- Organise a **Documented transfer** from OR to PACU by anesthesiologist to nurse
- **Monitoring vital signs and surgical site**
- **Continuous registration** vital parameters until *Discharge Criteria* are met
- Low rate crystalloid infusion; **pain and PONV medication**



First stage recovery ; Goal is safe meeting the DISCHARGE CRITERIA acc. to Aldrete

- Protocol based discharge (Aldrete score)
- Nurse led
- Medical staff responsible on distance
- Criterium is meeting discharge criteria
- A “minimum time” for stay in PACU is not necessary
- Efficient way



Modified Aldrete Score

Delegated to PACU **NURSING** staff

For discharge to Step Down

For Fast Track; "bypassing the PACU"

Max 12, minimal required 10

No score <1

Anesth Analg 1999;
88:1069-72,PF White

Table 3. Criteria for Fast-Tracking After Ambulatory Anesthesia*

Level of Consciousness:	
Awake and oriented	2
Arousable with minimal stimulation	1
Responsive only to tactile stimulation	0
Physical Activity:	
Able to move all extremities on command	2
Some weakness in movement of extremities	1
Unable to voluntarily move extremities	0
Hemodynamic Stability:	
BP \pm 15% of baseline	2
BP \pm 30% of baseline	1
BP \pm 50% of baseline	0
Oxygen Saturation:	
Maintains value >90% on room air	2
Requires supplemental oxygen to maintain oxygen saturation >90%	1
Saturation <90% with supplemental oxygen	0
Pain:	
None/mild discomfort	2
Moderate to severe, controlled with IV analgesics	1
Persistent to severe	0
Emetic Symptoms:	
None/mild nausea with no active vomiting	2
Transient vomiting controlled with IV antiemetics	1
Persistent moderate to severe nausea & vomiting	0



Stepdown, second stage recovery; Goal make patient “streetfit”

- **Beds:** Bed:OR Ratio >> **6:1** beds or trolleys per OR
- **Staffing:** Nurse:Patient Ratio: **6:1**
- Patients stable, no monitoring or i.v.
- Mobilizing, eating and drinking, adequate analgesia and surgical incision site and no nausea
- Patients being **informed and instructed;** verbally, leaflets, online

Urine voiding? Not in all patients necessary: perineal, hernia
>> bladder scan, instructions for at home: before 22 hr
Tonsillectomy: minimum stay 6 hours for bleeding risk

Information and Instruction to the patient before discharge: *Written AND Verbally*

- About surgery: report (for other doctors)
- Anesthesia (precautions, events)
- Advice **daily activities** (shower, rehabilitation, training)
- Wound care, dressings, blood
- **Alarm** signs >> **phone contact**: bleeding, fainting, fever, pain, drinking, impaired voiding, continued vomiting
- Instructions for **pain and PONV**
- **Appointment** control outpatient clinic



Again a **Post Anesthesia
Discharge Scoring System**
(**PADSS** acc to Chung)

**“Streetfit” if:
At least 9, no 0**

Scoring by nurse
until 10 points;
no 0

- 1 *Vital signs*
2 = Within 20% of preoperative value
1 = 20–40% of preoperative value
0 = 40% of preoperative value

- 2 *Ambulation and mental status*
2 = Oriented \times 3 *and* has a steady gait
1 = Oriented \times 3 *or* has a steady gait
0 = Neither

- 3 *Pain, or nausea/vomiting*
2 = Minimal
1 = Moderate
0 = Severe

- 4 *Surgical bleeding*
2 = Minimal
1 = Moderate
0 = Severe

- 5 *Intake and output*
2 = Has had PO fluids *and* voided
1 = Has had PO fluids *or* voided
0 = Neither



After good care and discharge in the Ambulatory Surgery Unit
welcome back home is hopefully warm and caring.....



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After Discharge, when patient is at home: still work to be done!

- Facility needs to be available for on-call by phone
- Next day: follow up phone call
Essential for Day Surgery!!
- Nurse led >> contact with specialist if needed



*Pain, nausea, medication, wound, dressing,
mobilization, eating, night sleep, contact health care*



Thank you



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