ASC Minimal Discharge Criteria

Phase 2 recovery is to be complete prior to discharge from an ambulatory surgery center (ASC). Minimal Phase 2 ASC discharge criteria includes the following:

- **Consciousness:** Pre-anesthesia orientation level has returned. Patient is awake, able to answer questions and call for assistance.

- **Activity:** Patient is able to move all extremities voluntarily on command. Exception to the extremity affected as a result of the surgical procedure.

- **Sensation:** Patient shall have return of normal sensation. Exception to the extremity affected resulting from the surgical procedure.

- **Vital signs:** Stable vital signs for a minimum of 45 minutes to include:
  - SBP >90 and <180 or blood pressure within 20 mm Hg of pre-anesthetic level for at least 3 consecutive readings at 15 min intervals.
  - Heart rate within ± 20 beats of pre-anesthetic level.
  - Temperature within 1° F of pre-anesthetic level and not displaying other symptoms of hypothermia (shivering, slurred speech, slow shallow breathing, weak pulse, lack of coordination).
  - Oxygen Saturation >90% on RA or meets or exceeds the anesthesiologist’s parameters on supplemental O2.
  - Respiratory – Able to breathe deeply, coughs freely.

- **Postoperative emetic symptoms:** None or mild nausea with no active vomiting.

- **Postoperative pain management:** Minimal pain controlled with po or IV analgesics. No IV opioids or sedatives given within 30 minutes of discharge.

- **No obvious surgical complication or active bleeding**

Discharge to a Convalescent Center

Services in a Convalescent Center shall be at a lower level of care than services provided at the ASC. Services not provided in a Convalescent Center include:

- Critical care services, coronary care services, and radiology services.
• Continuous monitoring required due to the instability of vital signs or for medication administration.

• Administration of IV cardiac or anti-hypertensive drugs.

• Blood administration

• Continuous IV pain medications or PCA pumps. (Intermittent prn IV pain medication administration is acceptable.)

• Medical management of an underlying condition that exceeds preoperative treatment level (i.e. diabetes, HTN, CHF).

• Patients who require hospital supportive services, such as respiratory therapy, blood gas monitoring, or patients whose lab values reach a critical level, are to be transferred.

Resources referred to in determining guidelines:

Chap 20 AAAHC (http://www.aaahc.org/en/education/2018-Public-Comment/ – Overnight Care and Services – proposed change: It is expected that patients have been discharged from a higher level of care and admitted to the overnight care service.

American Society of PeriAnesthesia Nurses. Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements.


Connecticut Department of Public Health, Recovery Care Centers www.dir.ct.gov/dph/PHC/docs/113_Recovery_Care_Centers_a.doc

Modified Aldrete Scoring System

Post-Anesthetic Discharge Scoring System (PADSS)