Discharge After Sedation or Anesthesia on the Day of the Procedure: Patient Transportation With or Without a Responsible Adult

Position Statement and Policy Considerations

Introduction

For patients who received sedation or anesthesia, transportation from a healthcare facility while accompanied by a responsible adult is important for patient and public safety.[1] Examples of life situations that may make transportation with a responsible adult challenging include patients who are new to an area, do not wish to inconvenience family and friends, or do not have a caregiver support system.[1-3] These patients are turning to ride-share or taxi services to transport them to and from their healthcare visits.[4-7] Ride-share services are only responsible for transportation of the individual. They are not responsible to care for the patient during transport or upon arrival at their destination.

Concern exists for patients undergoing sedation or anesthesia who do not have a caregiver to aid them in their transport home after a procedure.[8] A comprehensive admission and discharge policy developed by the interprofessional team that addresses transportation and care at home can prevent case cancellation or a significant challenge on the day of the procedure. The policy is valuable to assist the team and patient in decision making. The policy also addresses patient safety considerations unique to the community served and the services provided, as well as options that balance the facility's responsibility to the patient and the patient's wishes. Engaging an interprofessional team in the planning, policy development, and the ongoing education process helps foster maximum acceptance and consistent communication of the policy to patients.

Position

The American Association of Nurse Anesthetists (AANA) believes that patient safety is critical during any same day procedure, particularly one requiring sedation or anesthesia. Patients should have a responsible adult who is able to safely transport the patient home or a facility needs to establish policies and procedures if an exception is made.

Age is not the only factor that determines a responsible adult.[9] An individual who is capable of providing post-procedure care at home and report any post-procedure or post-anesthesia complications may be considered for inclusion in a facility's discharge policies and procedures.[9]

Patients should not be permitted to drive themselves home after the procedure or surgery, particularly if they received sedation or anesthesia.[10-15]

Purpose

This checklist provides policy considerations for outpatient or same-day surgical settings regarding discharge planning specific to patient transportation. Alternative policy considerations for various situations are presented, as each facility will establish policies that best serve its patients.

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Policy Focus

To optimize post-procedure patient safety and comply with applicable law, regulations and accreditation standards regarding patient transport after discharge from an outpatient or same-day surgical setting.

Regulatory and Accreditation Requirements

- ❑ Review and comply with federal, state, and local law and regulations as well as facility accreditation requirements
- ❑ Engage the facility's legal counsel, risk manager and/or similar role to review and address liability and legal concerns.
- ❑ Hospitals[16]
  CMS Survey Protocol, Regulations and Interpretive Guidelines for Hospitals
  §482.43 Condition of Participation: Discharge Planning
  "The hospital must have in effect a discharge planning process that applies to all patients. The hospital's policies and procedures must be specified in writing."
  Interpretive Guidelines §482.43
  "Hospital discharge planning is a process that involves determining the appropriate post-hospital discharge destination for a patient; identifying what the patient requires for a smooth and safe transition from the hospital to his/her discharge destination; and beginning the process of meeting the patient's identified post-discharge needs."
- ❑ Ambulatory Surgical Centers[17]
  Centers for Medicare and Medicaid Services (CMS) Condition for Coverage
  §416.52(c) Standard: Discharge.
  "The ASC must -
  (3) Ensure all patients are discharged in the company of a responsible adult, except those patients exempted by the attending physician."
- ❑ Facility accreditors (e.g., The Joint Commission, Accreditation Association for Ambulatory Health Care [AAAHC], American Association for Accreditation of Ambulatory Surgery Facilities [AAAASF]) incorporate similar language in their facility discharge requirements.

Policy Considerations: Discharge after Sedation or Anesthesia with a Responsible Adult

- ❑ Determine whether a responsible adult is required to accompany the patient home.
- ❑ Determine whether a responsible adult is required to remain with or be readily available to the patient for 12-24 hours.[9]
- ❑ If not, what are your facility's requirements for discharge and transport home?
- ❑ Advise the patient and responsible adult that patients should not drive after sedation or anesthesia as mental alertness, coordination, and physical dexterity may be impaired.
- ❑ Instruct patients in advance of the procedure to make arrangements for a responsible adult to accompany them to the healthcare facility, drive them home or accompany them in a ride-share service, taxi, or public transportation, and be present or readily available to assist them at home.[9]
  - o Instructions may be provided in the surgeon's or proceduralist's office at the time the case is scheduled.
  - o Verify availability of a responsible adult during discussions or health history acquisition prior to the patient's arrival at the facility.

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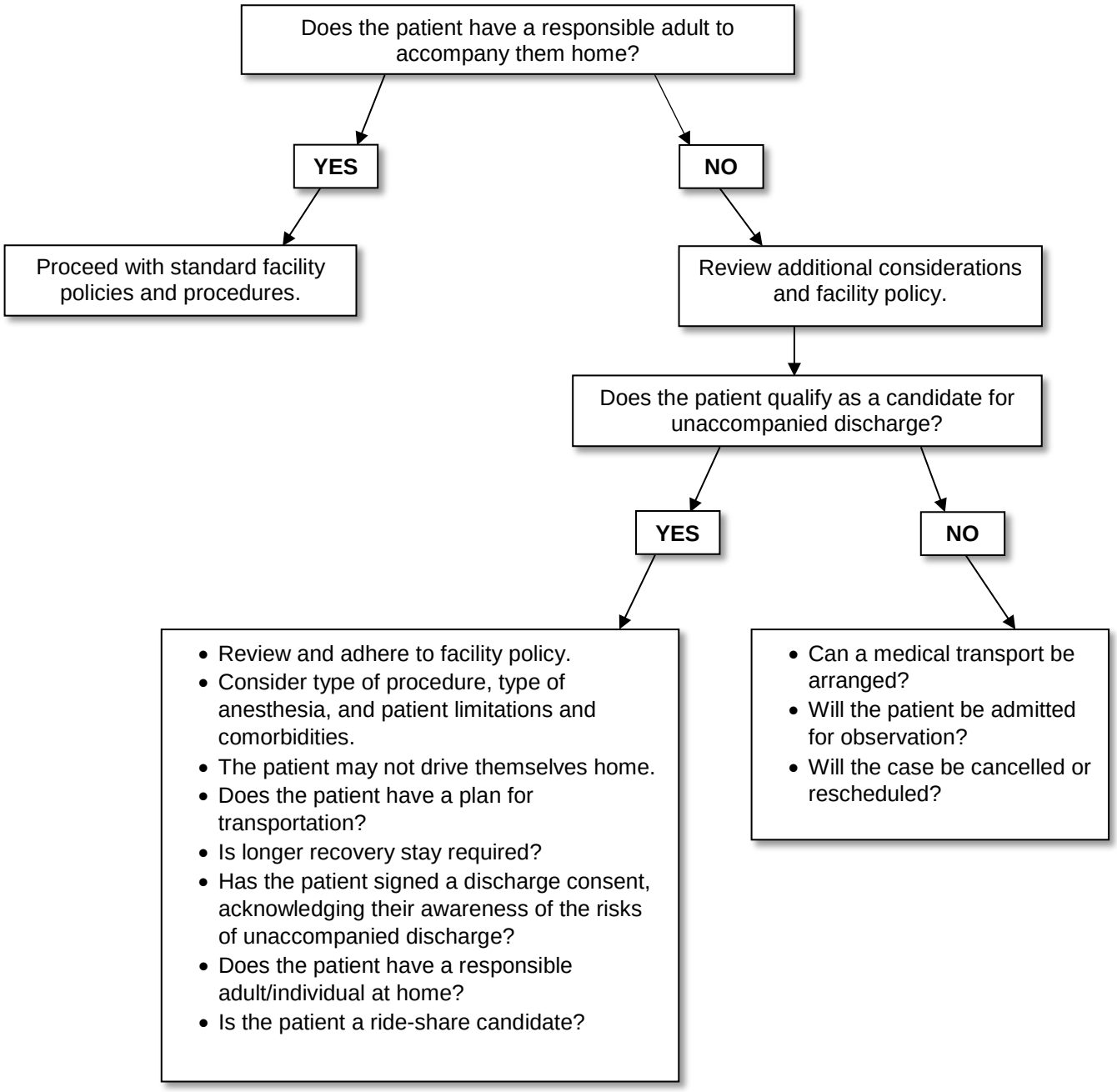
Policy Considerations: Determining if a Patient is a Candidate for Unaccompanied Discharge after Sedation or Anesthesia

The following policy considerations address the scenario where the patient does not have a responsible adult, or other approved individual, to transport or accompany them home. Figure 1 summarizes policy considerations, with more detail presented below.

Figure 1. Policy Considerations Flow Chart



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- ❑ Apply established decision pathway, which includes the following:
  - o The complexity of the procedure
  - o Whether sedation or anesthesia is required
  - o Patient sensory, mental and physical limitations
  - o Patient comorbidities
- ❑ The patient provides a plan for transportation home prior to or at the time of admission.
  - o The facility or the surgeon's or proceduralist's office may assist the patient in making transportation arrangements, such as using a medical transport to take the patient to their residence after the procedure.
  - o The patient may not drive themselves home
  - o Facility policy includes specific requirements for patients using ride-sharing services after sedation or anesthesia
- ❑ If it is determined that the patient is exempt from being discharged with a responsible adult, document the reason for the determination in the patient's healthcare record.
- ❑ If the patient is a candidate for unaccompanied discharge
  - o Proceed based on the facility policy for unaccompanied discharge, including consideration for Phase 2 recovery time for increased observation
  - o The facility policy may require a specific time period after discharge criteria are met that the patient must remain in the facility.
  - o The facility policy may require an evaluation by two clinicians prior to departure to determine that the unaccompanied patient is capable of self-care and acting on warning signs that require attention by healthcare professionals.
- ❑ If the patient is not a candidate for unaccompanied discharge
  - o Determine if medical transportation can be arranged
  - o Determine if the patient will be admitted for observation
  - o Determine if the case will be cancelled and rescheduled
- ❑ The facility may develop a specific discharge consent form for unaccompanied patients to sign to document the patient discussion regarding the risks of leaving unaccompanied and the patient's acceptance of the risks.
- ❑ If the facility learns that a patient is not truthful about being accompanied home by a responsible adult when they arrive for their procedure, determine whether she/he is a candidate for unaccompanied discharge and proceed as dictated by facility policy.
- ❑ Anesthesia-specific considerations
  - o The anesthesia professional should be involved in and have the ability to make the decision of whether or not to proceed with the case when the patient will be unaccompanied after discharge.
    - ▪ Please note, however, that for CMS-certified ASCs the Conditions for Coverage indicate the exception is to be made by the attending physician.[17]
  - o If the decision is to proceed, anesthesia professionals may consider adjusting their anesthetic technique to use medications that will have shorter lasting effects on the patient. Considerations include, but are not limited to, use of infiltration or field block, regional anesthesia, and techniques to minimize or eliminate anxiolytic, induction agent(s), and/or opioid(s).
- ❑ Informed Consent
  - o Engage the facility's legal counsel, risk manager and/or similar role in the development of informed consent policies, procedures, and documentation requirements, including discussion of the anesthetic and procedural risks related to being discharged without an accompanying responsible adult.

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- A copy of the completed, signed informed consent form should be given to the patient and added to the patient's healthcare record.

- ❑ A patient may choose to leave against medical advice (AMA).
  - Consult with the facility's legal counsel, risk manager and/or similar role regarding AMA policies to guide policy development.[9]
  - Document the discussion with the patient of the rationale for the required care and the patient's understanding of the risks associated with non-compliance.

Discharge Considerations

- ❑ Patients recovering from surgery or a procedure may not be placed in a waiting room or area unless they have been discharged and are waiting briefly while the responsible adult who accompanied them brings a motor vehicle to the entrance.[17]
- ❑ The facility may determine additional discharge evaluation criteria, beyond the general postanesthesia discharge criteria, for the patient who may be discharged without a responsible adult.
  - The facility policy may require a specific period after discharge criteria are met that the patient must remain in the facility.
  - Anesthesia professionals should work closely with the postanesthesia care unit (PACU) or recovery room staff to evaluate the patient.
  - Verify that the patient has stable vital signs and can complete tasks such as sitting up, dressing, and ambulating prior to discharge.
- ❑ Discharge Instructions
  - Confirm and document that the patient and responsible adult, if available, understand the discharge instructions.
  - Provide the patient detailed, written, understandable discharge instructions.
  - Discharge instructions may include, but are not limited to, the following:
    - Medications
      - Specify the name, purpose, and dosage for each medication that is new and/or continued, delayed or discontinued at discharge.
      - Answer any questions or contact a pharmacist to talk with the patient.
      - Emphasize the importance of adherence to labeling directions.[18]
    - Activity
      - Instruct the patient not to drive, operate machinery or power tools, consume alcohol, make important personal or business decisions, or sign important documents for the next 12-24 hours.[18]
      - Encourage the patient to be up and about as able the day of the procedure according to the surgeon's or proceduralist's recommendations.
      - Emphasize that hydration and nutrition are important to minimize dizziness or drowsiness to promote healing.[18]
    - Postdischarge Safety Monitoring
      - Provide follow-up care instructions with information on necessary supplies and treatment procedures required at home (e.g., dressing changes).
      - Instruct the patient and caregiver regarding the signs and symptoms that could indicate postprocedure complications.

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- Provide appropriate names and phone numbers for routine follow-up and emergency care (e.g., surgeon's or proceduralist's office vs 911, emergency department).

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