



Department of Anesthesia

Title:

Same Day (Outpatient) Surgery

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9058

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POLICY:

Anesthesia for Same Day Surgery (Outpatient Surgery) will meet the same standards of care as provided for in-patients.

PROCEDURE:

Patients are generally admitted through the Surgery Center. The Unit is open from 6:30 am to 10:00 p.m. Monday through Friday and abbreviated hours on Saturday.

Generally, operative time for posted cases should not exceed 180 minutes and there should be minimal blood loss and minimal postoperative pain anticipated.

The following anesthetic techniques are utilized for Same Day Surgery:

Local

Monitored Anesthesia Care (MAC)

General

Regional

All cases within the Department of Perioperative Services (SDS and GOR) should have an anesthesia provider in attendance, unless case is "local." For General, MAC, and Regional anesthesia Patients should ideally be ASA I and II, or stable ASA III.

ASA I - Normal healthy patient

ASA II - Patient with mild systemic disease

ASA III - Patient with severe systemic disease which limits activity but is not incapacitating

Premature babies under 60 weeks post-conceptual age, full term babies under 44 weeks post-conceptual age, and babies on apnea monitors are not candidates for outpatient surgery.

Preoperative Patient Care:

- 1) Patients will be called prior to the day of surgery and instructed:
 - a) To follow the preoperative fasting guidelines as outlined in Departmental Policy #9055.
 - b) To arrange for a responsible adult to take them home and to stay with them for 24 hours after surgery.
 - c) To arrive at the hospital 120 minutes prior to the scheduled procedure
 - d) Not to drive or operate machinery, or make critical decisions, or drink alcohol for 24 hours after surgery
 - e) To take or withhold medications as appropriate. (Refer to policy #9063)
- 2) Upon arrival of the patient in the preoperative area, a member of the anesthesia care team will:

- a) review patient's questionnaire
- b) review surgeon's history and physical
- c) review results of laboratory data
- d) review reports of consultants if applicable
- e) evaluate patient
- f) obtain informed consent

Postoperative Patient Care:

LOCAL: Patients are transferred to Phase 2 Recovery for a period of observation and discharge.

MAC: Adult patients receiving sedation may proceed directly to the Phase 2 Recovery on a stretcher or wheelchair at the discretion of the anesthesiologist. These patients will be monitored for at least one hour and discharged to home or other facility when discharge criteria are met.

GENERAL ANESTHESIA OR REGIONAL ANESTHESIA: Adult patients are admitted to Phase I Recovery Room. They may be discharged to the Phase II Recovery once they meet discharge criteria. They will be transported to the discharge lounge on a stretcher. Some patients may proceed directly to Phase II Recovery on a stretcher at the discretion of the anesthesiologist and provided they meet Phase I PACU discharge criteria.

PEDIATRIC PATIENTS: Pediatric patients will remain in PACU until PACU Phase I discharge criteria are met. They will then be transferred to Pediatric Surgery Center (PSC) (Peds Phase II).

Some Pediatric Patients may proceed directly to Phase II Recovery on a stretcher at the discretion of the anesthesiologist and provided they meet Phase I PACU discharge criteria.

DISCHARGE TO HOME:

Discharge orders from Phase II (Discharge to home) must be written by the surgeon. When an admission to the hospital is necessary for either surgical or anesthesia reasons, a note will be placed in the Progress Notes indicating the reason for admission/observation.

QUALITY ASSURANCE:

In event of unplanned admission or other quality indicator, anesthesia care team will place an appropriate entry in the patients chart and submit a written incident report to QA/QI coordinator. Anesthesia care team will also report incident to hospital risk management team as required by policy.



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