

Nurse Led Discharge

Leverhulme Day Surgery Unit Aug 1992

Reviewed Dec 2003

Next Review date Dec 2005

Nurse Led Discharge from the Day Surgery Unit

Statements

- Σ Discharge will always be in accordance to the agreed discharge criteria
- Σ Assessment for discharge may be undertaken by a senior nurse, with the appropriate skills, who has been assessed as competent to undertake this extended role
- Σ The discharge plan is always discussed with the patient (and where possible the carer) and all patients will receive a relevant discharge pack

Discharge Criteria

Patients attending the Leverhulme Discharge Unit will not be discharged home until they are fully recovered and have been assessed by a senior nurse to achieve all the essential discharge criteria. (Appendix 1, Criteria for Nurse Led Discharge. Appendix 2, Essential and Desirable Criteria for Nurse Led Discharge)

Staff Responsibilities

The day surgery unit team must ensure that the patient meets the discharge criteria and that appropriate transport and carer arrangements are in place. The nurse in the discharge lounge is responsible for ensuring that all instructions for the postoperative period are given to the patient and their carer with a full and comprehensive explanation. The discharge lounge nurse is also responsible for the safe dispensing of any TTH (to take home) pre packs when prescribed by the medical staff.

The discharge lounge staff are responsible for the content of the discharge note and following any amendments to its content eg operative procedure / secondary diagnosis etc. A copy is inserted into the patients case sheet and a copy posted to the GP. If appropriate a copy is to be faxed to the GP.

Analgesia drugs and other TTH pre pack stock are provided free of charge from the day surgery unit stock.

A follow up appointment is arranged if appropriate as requested by the medical staff.

Patients Who Are Unfit For Discharge

Where there are surgical, medical or social complications which would prevent the patient being same day discharged the nurse in charge of the patients care will undertake the decision to admit the patient to the appropriate inpatient ward for overnight stay and review. A patient transfer monitoring form is completed with reasons for transfer recorded, monitored and audited with the results presented at the appropriate forums.

Patients Who Take Discharge Against Medical Advice

Patients wishing to take their own discharge before assessed as fit to do so should be discouraged. If the patient remains insistent;

- A medical officer should be informed
- The patient is asked to sign a 'discharge against medical advice form' which the nurse also signs
- The incident is recorded in the patients case sheet and a clinical incident form is completed and sent to risk management.
- The patients GP is informed on the discharge note

Post Discharge Support and Follow-up

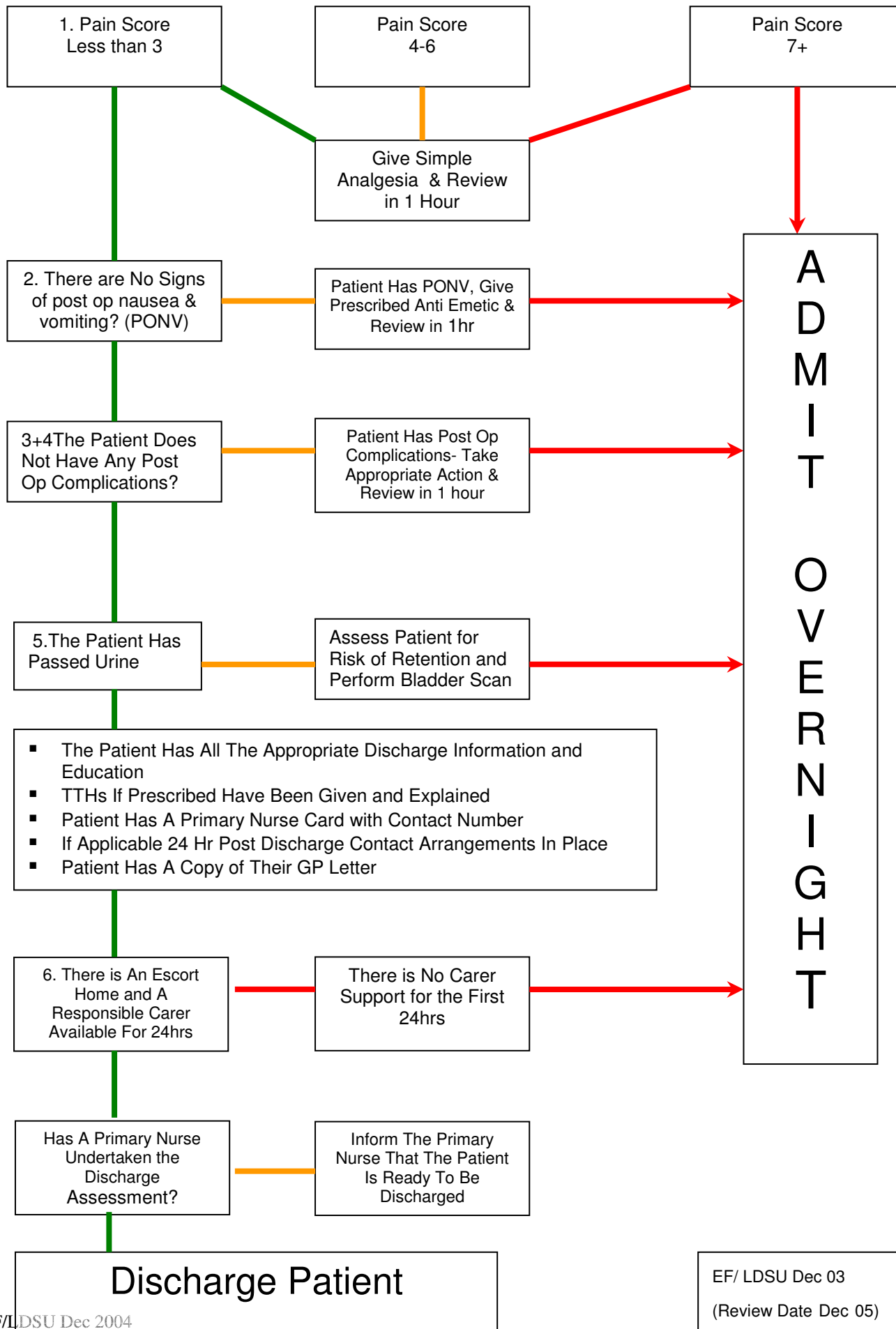
All patients receive a primary nurse card, this contains the name of the nurse in charge of their care (The discharge lounge nurse) and a member of the team, it also provides a telephone number to ring for advice during opening hours only. A number for the appropriate 24 hour inpatient ward is provided for patients who require advice outside of the unit operational times.

If the patient requires a visit from the district nurse, the day surgery staff prior to the patient's discharge from the unit will book the visit.

If the services of a practice nurse are required, the patients are informed of the need to make an appointment and are provided with an information/request card to give to the practice nurse when attending this appointment.

ALL general anaesthetic cutting cases are offered the opportunity and encouraged to receive a 24hr post discharge support telephone call from a qualified member of the nursing team. This service provides support and reassurance to both the patient and their carer in the immediate postoperative period. This service is continually monitored and provides an ongoing audit with patient and carer feedback of the day surgery service at Clatterbridge.

Appendix 1 Criteria for Primary Nurse Led Discharge of Day Surgery Patients



Appendix 2

Essential and Desirable Discharge Criteria from a Day Surgery Unit

(Originally Adapted from Stephenson (1990) by Cahill & Jackson (1997)
Reviewed for LDSU Dec 2003)

| Category | Essential | Desirable |
|-------------------|--|---|
| Mental state | Alert & responsive | Feels clear headed |
| Mobility | Able to mobilise within the constraints of surgery with no dizziness | Able to mobilise to preoperative level with no dizziness |
| Pain | Patient indicates that they are experiencing acceptable levels of pain (pain score below 3) | |
| Eating & Drinking | Tolerating oral fluids no signs of post op nausea & vomiting (PONV) | Taking light diet and fluids No evidence of post op nausea & vomiting (PONV) |
| Elimination | Patient has passed urine (if appropriate) | |
| Information | Verbal and written information given to patient regarding; <ul style="list-style-type: none"> • Pain management • Wound care (if applicable) • Driving • The next 24hrs • Operation specific information • Follow up information (if applicable) • Emergency contact information and telephone numbers • Day surgery Telephone follow-up service (if applicable) • GP discharge summary | Carer has been included in the discharge information giving process |
| Social Factors | Patient discharged into the care of a responsible adult who will remain with the patient for at least 24 hours | |

EF/LDSU Dec 03
To be reviewed Dec 05

Appendix 3
Leverhulme Day Surgery Plan of care

| Patient Status | Goal / Outcome | Nursing Actions | Essential discharge criteria |
|---|---|--|---|
| Altered conscious level related to anaesthesia / sedation | Patient is awake, calm, orientated and responding lucidly | <ul style="list-style-type: none"> ▪ Monitor immediate environment to ensure ongoing safety and orientate patient to surroundings as required. ▪ Observe skin colour and respiratory rate / pattern for abnormalities. ▪ Allow adequate time for clearance of anaesthetic / sedative agents prior to discharge. | Patient is alert and responsive |
| Potential for injury / side effects related to anaesthesia / sedation or surgical procedure | Patient remains free of injury Vital signs are within normal range | <ul style="list-style-type: none"> ▪ Ensure trolley sides are up, brakes are on and call bell is within easy reach of the patient. (if applicable) ▪ Monitor pulse and B/P in line with individual patients' condition and local protocol. ▪ Assess any wound dressings ▪ Ambulate gradually taking into account individual patients' abilities. | Patient mobility is consistent with preoperative level or within the constraints of surgery with no dizziness |
| Potential for pain | Patient has an acceptable level of pain post operatively | <ul style="list-style-type: none"> ▪ Observe patient closely for non verbal indications of pain and act promptly ▪ Assist patient in finding a comfortable position, providing support for limbs if necessary ▪ Use Pain assessment tool to evaluate level of discomfort and administer prescribed analgesia ▪ Monitor effectiveness of analgesia and discuss with anaesthetist if necessary | <p>Prescribed oral analgesia to take home given (if prescribed) or</p> <p>Patient has an adequate supply of analgesia at home)</p> <p>Patient states that they have an acceptable level of pain (Pain score of less than 3)</p> |

| | | | |
|---|--|---|---|
| <p>Potential for Post operative nausea and vomiting (PONV)</p> | <p>Patient has no post operative nausea and vomiting and is tolerating diet and fluids</p> | <ul style="list-style-type: none"> ▪ Avoid sitting the patient up rapidly ▪ Take account of any pre operative indications of potential symptoms ▪ Provide positive reinforcement and avoid any suggestions of nausea ▪ Protect patient where possible from nausea inducing sights and smells ▪ Administer prescribed anti emetic medication as required and evaluate its effect ▪ Encourage light diet and fluids as soon as fully awake | <p>Patient has no signs of PONV and is tolerating light diet and fluids</p> |
| <p>Potential deficit in knowledge concerning discharge and on going self-care</p> | <p>Potential deficit in knowledge concerning discharge and on going self-care</p> | <ul style="list-style-type: none"> • Avoid where possible patient being given critical or diagnostic information whilst still under the effects of anaesthetic • Ensure physician / surgeon is accompanied when they provide post procedure information so that information can be reinforced • Involve identified carer in all pre discharge assessment and information giving • Assess both patient and carers understanding of ongoing responsibilities through structured questioning • Provide clear, accurate written information to back up verbal discussion • Ensure patient and carer know what to do if problems arise after discharge and have appropriate emergency telephone numbers • Invite patient to be involved in telephone follow up service, consent obtained? | <p>Patient / Carer has received and understood comprehensive discharge information (written and verbal)</p> |

Day Surgery *Principles & Nursing Practice* Heather Cahill & Ian Jackson, *Bailliere Tindall*, London, 1997
 Nursing: *Concepts of Practice* (4th Edition) Orem D.E, *McGraw-Hill*, New York, 1991
 Stephenson M, (1990). Discharge criteria in day surgery. *Journal of Advanced Nursing* 15: 601-613.

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