



Clinical Staff Executive Committee

MEDICAL CENTER POLICY NO. 0312

- A. SUBJECT : Same-Day Discharge of Outpatients Who Have Received Sedation or Anesthesia
- B. EFFECTIVE DATE: April 1, 2014
- C. POLICY:

All outpatients treated at the University of Virginia Medical Center who have received sedation or anesthesia shall be discharged in the company of individuals who accept responsibility for the patients (referred to in this policy as the “Responsible Person”).

This policy applies only to outpatients who have received sedation or anesthesia and who are ready for same day post procedure discharge as per the medical judgment of their Licensed Independent Practitioners (LIPs)¹. For the management of situations involving patients who have received sedation or anesthesia (i) in the Emergency Department or (ii) prior to discharge from either inpatient or outpatient settings, see [Medical Center Policy No. 0159 “Restraint and Seclusion of Patients”](#); see also [Medical Center Policy No. 0220 “Interaction with Law Enforcement Authorities”](#).

- D. DEFINITIONS:

Responsible Person:

For purposes of this policy a “Responsible Person” must be someone physically able to assist the patient post-discharge, and mentally able to make decisions for the patient’s welfare if necessary. Moreover, the Responsible Person must understand the requirements for post-anesthetic care and intend to comply with these requirements, especially concerning public safety.

The Responsible Person will review the patient’s discharge instructions with the healthcare provider or team discharging the patient. The Responsible Person should then ensure that the patient arrives home safely and assist the patient with post-operative complications such as nausea, vomiting, dizziness and pain. They should also request medical assistance in the event of an emergency, as outlined in the discharge instructions.

The driver of a taxi or Medicaid cab is not considered a Responsible Person for a patient who has received sedation or anesthesia. While a taxi driver may transport the patient to a specified home

¹ For the purposes of this policy, (LIP) licensed independent practitioner includes physicians, nurse practitioners, and physician’s assistants

(SUBJECT: Same-Day Discharge of Outpatients Who Have Received Sedation or Anesthesia)

address, a Responsible Person must accompany the patient to assist in managing potential post-operative complications and to physically assist the patient safely into the home.

E. PROCEDURE:

1. Pre-Procedure

As part of the pre-procedure planning process, the staff shall clearly communicate to the patient the Medical Center's requirement for a Responsible Person to escort the patient upon discharge, and shall obtain the name and phone number of the Responsible Person who will be the patient's escort. Staff shall document this communication and the Responsible Person's name and phone number in the patient's medical record.

Staff shall also remind the patient of this requirement during a pre-procedure phone call and will identify any potential problems with this requirement so that alternative arrangements can be made. Staff will also inform the patient that the procedure cannot be done if the patient does not have a designated Responsible Person. Patients can be referred to social services and community resources for transportation assistance.

On the day of the procedure, if a patient arrives without arrangements for a Responsible Person to escort him or her home, the procedure must be rescheduled. Alternatively, and if medically feasible, clinicians may consider performing minor procedures with local or no anesthesia if neither transportation nor a Responsible Person is available to the patient.

2. Post-Procedure

- a. Patient discharge must be at the discretion of an appropriately credentialed licensed independent practitioner (LIP) in accordance with set protocols and guidelines.
- b. If for any reason the designated Responsible Person leaves prior to patient discharge or is deemed incapable of performing the necessary functions of the role, the patient will be required to remain under the supervision of the healthcare team until recovery criteria are met.

3. Management of Situations Where the Patient Requests to Leave Prior to Discharge and/or Without A Responsible Person to Accompany Him/Her:

- a. If a patient wishes to leave prior to appropriate discharge and/or without having a Responsible Person to accompany him or her, staff shall consider the following strategies to prevent harm:
 - i. Encourage the patient to remain until recovery criteria are met and/or a newly designated Responsible Person can escort the patient home.
 - ii. Discuss the potential harm to innocent people if he or she drives under the influence of sedation or anesthesia to convey to the patient that he or she is responsible for the safety of others, not just his or her own.

(SUBJECT: Same-Day Discharge of Outpatients Who Have Received Sedation or Anesthesia)

- iii. Inform the patient that law enforcement authorities may be notified if he or she chooses to drive.

4. Management of Situations Where the Patient Leaves Prior to Discharge and/or Without A Responsible Person to Accompany Him/Her:

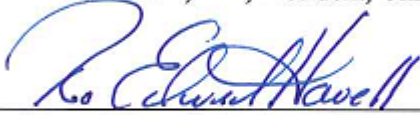
- a. If despite best efforts to convince the patient to remain until fully recovered and/or until discharged in the company of a Responsible Person, staff may take the following actions to prevent harm:
 - i. Call the patient's home to confirm patient has arrived safely and to determine if patient may still need assistance during this post-operative period.
 - ii. Alert the patient's designated contact and/or law enforcement agencies, if the patient cannot be contacted, to ascertain patient's location and condition.
- b. Staff may provide law enforcement with the minimum information concerning this Medical Center patient as necessary for response to a serious and imminent threat to public safety which may occur off site (see [Medical Center Policy No. 0220 "Interactions with Law Enforcement Authorities"](#)).
- c. All follow-up communication concerning the patient's post-operative period shall be documented in the medical record.

5. Prohibited Actions

- a. The healthcare team cannot keep a patient who has received sedation or anesthesia against his or her will, as this may constitute false imprisonment.
- b. Staff cannot physically restrain a patient or withhold patient belongings such as clothing or car keys.

SIGNATURE:


Robert S. Gibson, MD, President, Clinical Staff


R. Edward Howell, CEO, UVA Medical Center

DATE:



(SUBJECT: Same-Day Discharge of Outpatients Who Have Received Sedation or Anesthesia)

Medical Center Policy No. 0312

Approved March 2014

Approved by Patient Care Committee

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