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**A Trial Run of Nurse-led Recovery Room Discharge Model in OR, North District Hospital**  
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Nurse led  
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**Introduction**  
The patients in recovery room cannot be discharged within target time because the anesthetists are being occupied in the theatre. This creates patients’ unnecessary anxiety and operating room backlog. A nurse led discharge can help anesthetist streamline the discharge process and allay patients’ anxiety. It can enhance teamwork and trust with the anaesthetic team.

**Objectives**  
A new protocol driven nurse-led recovery room discharge model is developed to predetermine discharge criteria, monitor the patient’s stay in recovery room between 30 to 60 minutes without compromising safety, and provide patients’ comfort.

**Methodology**  
A working group consisting of anaesthetist, nurse consultant and recovery room nurse representatives is formed. A checklist of post anaesthetic discharge scoring system modified from Aldrete Score, guideline and protocol are established. A pilot trial run for 4 weeks is implemented. 6 experienced nurses are recruited. The prerequisite is at least 2 years of peri-operative nursing experience with PRCC-perioperative nursing advanced training. A 3 hour lecture plus briefing sessions on the model are conducted by anesthetist and nurse consultant. The patient criteria are under general or regional anaesthesia, aged from 12 years old and ASA I or II. Selected patients can be discharged when they meet the discharge criteria, which are: 1. Patient stays in Recovery Room at least 30 minutes and within 1 hour. 2. Patient must have 3 consecutive score 18 in last 3 readings 3. Patient IV drip site patent with no redness and swelling 4. Patient wound drain secured with good functioning. If patients cannot meet the criteria, they will be referred back to anesthetist.
Result
45 patients are put in the trial run, 43 (95.6%) patients are successfully discharged using nurse led discharge model. 2 (4.4%) patients are referred back to anesthetist. 36 (80%) patients are discharged within 30 minutes and 9 (20%) within 45 to 60 minutes. It is effective in achieving the objectives in this sample group. The anesthetists can focus their attention on critical patients. More work is necessary to be done on ensuring the safety of the patients by extending the study. It is necessary to train more nurses to familiarize this discharge model in the department. At present, 17 (40%) nurses are qualified by training and assessments so that they can initiate the discharge model independently.