

# Discharge from day surgery

**Patients undergoing day surgery, or any procedure that involves sedation, should be accompanied home by a responsible adult and should not drive while under the effects of the sedation or narcotic.**

## What is best practice?

The Australian and New Zealand College of Anaesthetists Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures (ANZCA guidelines), last updated in July 2014, state at paragraph 12.4 that:

'... the patient should be discharged into the care of a responsible adult to whom written instructions should be given, including advice about eating and drinking, pain relief, and resumption of normal activities, as well as about making legally binding decisions, driving, or operating machinery.'

The ANZCA guidelines do not state that it is mandatory for patients to be accompanied home upon discharge. However, there is an increasing number of hospitals adopting this position in their own policies, requiring patients to be accompanied home.

## What does Avant recommend?

To manage the medico-legal risks and to ensure good patient care, policies and protocols should be developed and followed. It is beneficial to think through possible scenarios and establish at the outset how your practice or hospital would manage difficult situations. Things to cover in the discharge policy include:

- ▶ that discharge arrangements are to be discussed and documented at the time of admission
- ▶ whether there is a minimum time for the patient to remain at the facility before discharge
- ▶ that patients are to be accompanied home by a responsible adult following procedures involving sedation
- ▶ what to do if no accompanying person is available, including other options such as delaying surgery until such a person is available, or admission if feasible
- ▶ that the name and other details of the responsible person collecting the patient should be documented in the clinical file, along with time of departure
- ▶ what the plan is if the patient is unexpectedly unable to be accompanied
- ▶ that if the patient insists on leaving, they should sign a form which documents the warning given and confirming they have left against medical advice.

## When is the best time to discuss discharge arrangements with the patient?

The discharge criteria and expectations should always be made clear to a patient well before the date the procedure is planned. These arrangements should be confirmed on the day of surgery or procedure when the patient arrives and should be documented accordingly.

## What if the patient has not followed the instructions?

If a patient presents for surgery and advises they have no-one to collect or accompany them, it may be advisable to reschedule their procedure for another day, or at least to ensure their procedure is early in the list, so they can stay under observation for as long as possible.

## What if the patient's arrangements fall through at the last minute?

It can be difficult to manage if the patient misrepresents their circumstances or when ready for discharge, they do not have a person to pick them up. It may be necessary to delay their discharge until someone is contacted and able to collect them. Alternatively, the patient may need to be advised to remain until you are satisfied that the effects of the sedation have worn off sufficiently for it to be safe for them to leave the hospital alone. Clinical care always needs to be prioritised, even where the unit or surgery is scheduled to close. Supervisory arrangements must be maintained until the effects of the sedation have worn off and they can travel home safely.

## Is it ever OK to send someone home unaccompanied in a taxi?

It is always preferable to send a patient home with a responsible adult. If this is not possible for whatever reason, the patient may be transferred home in a taxi if sufficient time has passed for the effects of the sedation to have worn off. Ideally, this should be known prior to the procedure and should only occur following a medical review.

### What are my responsibilities if a patient insists on driving home following a procedure?

There is a duty to inform the patient in advance of the surgery that they should not drive for an appropriate period after the surgery depending on the dose of any narcotic administered.

The patient should also be informed that they may test positive for narcotics if they choose to drive before the advised period is over, and this may lead to a fine and/or loss of their licence. Consider and provide advice on the potential safety risks, which may vary depending on the level of sedation used.

If you become aware that a patient intends to ignore this advice, you should counsel them to abstain from driving again and document your discussion.

### Should I report them to police?

There is no mandatory duty to report a patient to police or any other authority if they insist on driving after having been administered a narcotic or sedation during surgery.

However, if you are concerned that the effects of the narcotics used for sedation are very likely to impair the patient's ability to drive and pose a serious risk to the health and safety of the patient or third parties (other drivers, pedestrians etc.), then you may need to consider whether it is appropriate to breach the patient's confidentiality and report the matter to the police. It would be worth letting the patient know you may report the matter to the police if they insist on driving in these circumstances.

### What are the implications if I break patient confidentiality?

The privacy legislation does not compel disclosure of information to the police, but it does contain exceptions to the restrictions on the disclosure of personal and/or health information without patient consent in the following circumstances:

- ▶ where the disclosure is necessary to lessen or prevent a serious threat to the life, health or safety of the individual (i.e. patient) or another person ('imminent' threat is the threshold in Victoria and New South Wales public hospitals)
- ▶ where the disclosure is necessary to lessen a serious threat to public health or safety.

### What if the patient insists on leaving the hospital/practice unaccompanied?

If the patient insists they be allowed to leave hospital unaccompanied, you should ask them to sign a waiver confirming they have been advised to remain in hospital and/or wait for a responsible person, and any decision to leave alone is therefore made against medical advice.

Even in this situation, it is still important to emphasise to the patient the risks they might be exposing themselves to and provide specific advice (for instance that they must not drive for a specified period of time until the effects of the sedation have worn off because their reflexes may be impaired and they could test positive for narcotics). Again, this advice should be documented in the form signed by the patient and/or in the clinical records.