

VADA PACU Discharge Criteria for Patients Requiring Bi-Level Positive Airway Pressure Ventilation (BiPAP) or who are on Home Ventilation

Background:

This document is meant to guide the appropriate disposition of postoperative patients in the PACU who require BiPAP or who are on a home ventilator.

Algorithm:

1) **New BIPAP** starts in PACU (patient has NOT previously been on BiPAP):

For discharge to the ward or a stepdown unit:

1. The patient must be cleared by an Anesthesiologist; and
2. A consultation to the Critical Care Outreach Team (CCOT) must be made and CCOT agree the patient is appropriate for such a disposition; and
3. The RESP Non-Invasive Positive Pressure Ventilation Powerplan has been ordered.

For patients not deemed appropriate for discharge to ward/stepdown by either Anesthesia or CCOT:

1. Contact the on-call ICU Team directly for disposition planning to discuss the disposition options:
 - a. Transfer to HAU/ICU; or
 - b. Transfer to spine stepdown unit if the patient has spinal cord pathology; or
 - c. Keep in PACU until one of the above dispositions is available and deemed appropriate for transfer by on-call intensivist.

2) **Established** on home BIPAP or home Mechanical Ventilation with a disposition that is NOT HAU/ICU:

MINOR or PERIPHERAL SURGERY (*where there is not expected to be any insult to the patient's respiratory function*)

- a. Discharge Same Day Patients:
 - i. Patient must be cleared by an Anesthesiologist and be back to baseline home BIPAP or Ventilator settings prior to PACU discharge
- b. Inpatients:
 - i. Patient must be cleared by an Anesthesiologist and be back to baseline home BIPAP or Ventilator settings prior to PACU discharge
 - ii. Home ventilation patients known to the Respirology service may go to the Chest Center on T12
 - iii. Spinal cord pathology patients may go to the Spine Stepdown Unit
 - iv. A disposition to an ordinary ward is possible but requires the following:
 1. CCOT consult; and
 2. For BiPAP: order the RESP Non-Invasive Positive Pressure Ventilation Powerplan

MAJOR SURGERY and patient not eligible for the Spine Stepdown unit:

- a. Consider this a new BiPAP start and follow that algorithm above.