Standard operating procedure (SOP) · DAY-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 6.3

At a glance

- Each patient is monitored in the recovery area by trained staff.
- Monitoring continues until the written discharge criteria are met.
- Vital signs, pain, nausea and consciousness are recorded at the set interval.
- A patient who does not meet the criteria stays, or is admitted.
- Stop and get help straight away if: a patient is discharged before the written discharge criteria are met.

1. Purpose

To keep patients safe in the hour after anaesthesia, when risk is highest (6.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Patients are most at risk in the hour after anaesthesia. Monitoring in recovery until written discharge criteria are met is what finds the complication before the patient leaves.

5. Responsibilities

Role	Responsibility	Competence
Recovery nurse	Monitors and records	Trained nurse
Anaesthetist	Decides discharge with the nurse	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Monitor.

- Record observations at the set interval (DAY-FRM-003) from arrival in recovery.

Key point: From arrival, not later.

Step 2. Assess discharge.

- Check each discharge criterion before the patient is moved from recovery.

Key point: Criteria are met, not hoped.

Step 3. Escalate.

- If a criterion is not met, keep the patient and tell the anaesthetist.

Key point: Not met, not discharged.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients monitored to the set interval	At least 90%	Monthly	Lead nurse	Escalate to clinical director
Discharges with all criteria recorded as met	100%	Monthly	Lead nurse	Escalate to clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
DAY-FRM-003	Recovery observation and discharge criteria record	Record

17. Evidence

Reference	Note
E-009	Based on the ASA Standards for Basic Anesthetic Monitoring (2020) for post-anaesthesia care.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Aftercare & Follow-up: Standards for Safe Discharge (H-06)
- **Medical Emergency Protocol Development** (MED-01)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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