**Section 205.540 Postoperative Care**

a) All patients' postoperative conditions shall be observed and assessed in the facility for a period of time sufficient to ensure that the patient is awake, physiologically stable, manifests no immediate postoperative complications, and is ready to return to home or to a similar environment. Overnight stays are not permissible. Before discharge from the facility, each patient shall be evaluated by a qualified practitioner for proper anesthesia recovery. No patient shall be required to leave the facility in less than one hour following the procedure or procedures. Each post-surgical patient's overall condition shall be assessed and documented in the medical record by a qualified practitioner, showing that the patient is ready for discharge or in need of further treatment or monitoring.

b) Rh factor sensitization prophylaxis shall be provided to all Rh negative patients following procedures performed to terminate pregnancy, in accordance with standard medical procedures.

c) Patients in whom a complication is known or suspected to have occurred during or after the performance of a surgical procedure shall be informed of the complication, and arrangements shall be made for treatment of the complication. If the patient is admitted to a hospital, a summary of care given in the ambulatory surgical treatment center concerning the suspected complication or complications shall accompany the patient.

d) To ensure availability of follow-up care at a hospital, the ambulatory surgical treatment center shall document an effective procedure for the immediate transfer of patients requiring emergency care beyond the capabilities of the ASTC, to a hospital within 15 to 30 minutes travel time of the ASTC.

e) Written instructions shall be issued to all patients in accordance with the standards approved by the consulting committee and shall include the following:

1) Symptoms of complications associated with procedures performed;

2) Limitations and restrictions of activities of the patient;

3) Specific telephone number to be used by the patient, at any time, if any complication or question arises; and

4) A date for a follow-up or return visit after the performance of the surgical procedure, which shall be scheduled within six weeks.

f) *When a facility-provided medication is ordered at least 24 hours in advance for surgical procedures and is administered to a patient* in an ASTC*, any unused portion of the facility-provided medication* shall *be offered to the patient upon discharge when it is required for continuing treatment.*

1) *A facility-provided medication shall be labeled consistent with labeling requirements under Section 22 of the Pharmacy Practice Act*.

2) *If the facility-provided medication is used in an operating room setting, the prescriber is responsible for counseling the patient on its proper use and administration and the requirement of pharmacist counseling is waived*. (Section 7d of the Act)

3) For the purposes of this Section, *"facility-provided medication" means any topical antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment* that an ASTC has on standby or that is retrieved from a dispensing system for a specific patient for use during a procedure. (Section 15.10 of the Pharmacy Practice Act)

g) Patients shall be discharged only on the written, signed order of a physician. The name, or relationship to the patient, of the person accompanying the patient upon discharge from the facility shall be noted in the patient's medical record.

h) Information on availability of family planning services shall be provided, when desired by the patient, to all patients undergoing a pregnancy termination procedure. When, in the physician's opinion, it is in the best interests of the patient and with the patient's consent, family planning services may be initiated prior to the discharge of the patient.

(Source: Amended at 48 Ill. Reg. 15862, effective October 24, 2024)