

Consult

Patient	<ul style="list-style-type: none"> • SIGN medical records authorization for prior operative notes/radiology scans • BOWEL PREP with ABX
Surgeon	<ul style="list-style-type: none"> • ERAS EDUCATION including multimodal pain management and preoperative carbohydrate loading • CONSIDER PREHABILITATION CONSULT: Patient specific triggers including PT, Medical Weight Loss, and Tobacco Cessation • ORDERS: Enter Surgery Preop / ERAS Order Set • DOCUMENT BLOCK/TAPS in case posting description and in anesthesia request • SCHEDULE 2 week follow up appointment
Anesthesia	<ul style="list-style-type: none"> • ERAS EDUCATION including multimodal pain management, regional blocks, and postoperative nausea and vomiting



Day of Surgery / Preop

Patient	<ul style="list-style-type: none"> • SHOWER the night before with CHG wipes or antibacterial soap • DRINK POWERADE 12oz (355ml) to be completed 3 hours before scheduled OR time and then resume NPO except meds/sips • BATHE morning of surgery with 2% chlorhexidine cloths • BRUSH TEETH before going to OR
Preop	<ul style="list-style-type: none"> • VALIDATE patient followed preop instructions • ADMINISTER MEDICATIONS: <ul style="list-style-type: none"> • Acetaminophen • Celecoxib • Gabapentin • Alvimopan • APPLY Scopolamine Patch • APPLY BLANKET WARMING DEVICE or Warm Blanket • APPLY SCDS • Document if bowel prep completed or not and results
Anesthesia	<ul style="list-style-type: none"> • BLOCKS/EPIDURALS as needed



Day of Surgery / Intraop

Intraop	<ul style="list-style-type: none"> • VERIFY SCDS
Anesthesia	<ul style="list-style-type: none"> • ADMINISTER antibiotic prophylaxis • CONSIDER Dexamethasone at start of case • CONSIDER Ketamine Infusion in OR only • ONDANSETRON at reversal • OPIOID-SPARING approach with minimization of IV narcotics • UTILIZE where possible local and regional anesthetics (TAP block / Epidural / Exparel) • MAINTAIN NORMOTHERMIA (>36) • MINIMIZE TUBES, LINES, AND DRAINS: Remove nasogastric tube at time of extubation. • CONSIDER Goal Directed IV Fluids 5ml/kg/hr for urine output of 0.3-0.5ml/kg/hr • MINIMIZE CRYSTALLOIDS



Select Correct Pathway

INPATIENT

OUTPATIENT

PACU / Postop Day 0	<ul style="list-style-type: none"> • CONTINUE MEDICATIONS as ordered: <ul style="list-style-type: none"> • ACETAMINOPHEN • GABAPENTIN • NSAIDS (Celecoxib, Ibuprofen, or Ketorolac) • OXYCODONE PRN for moderate pain • ALVIMOPAN until BM • ONDANSETRON PRN for nausea/vomiting • ICE PACK to affected area • ENFORCE continuous SCD usage • CLEAR LIQUIDS DOS • AMBULATE 1x in hallway • OOB with meals • HOB elevated at least 30 degrees at all times • IS while awake • CONSULT WOUND OSTOMY for all new ostomies • CONSULT PT • CONSULT Case Management • MAINTAIN NORMOTHERMIA (>36) • ENCOURAGE GUM CHEWING TID
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Postop Day 1+	<ul style="list-style-type: none"> • MULTIMODAL regime continued • CHANGE IV to PO NSAID when applicable (POD1) • REMOVE foley if present (POD1) • CONSIDER stopping Oxycodone (POD2) • CONTINUE multimodal regimen • CONTINUE Alvimopan until BM • ICE PACK to affected area • REGULAR DIET • AMBULATE 4x in hallway • OOB with Meals • IS while awake • VTE prophylaxis (Lovenox-POD1)
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Discharge	<ul style="list-style-type: none"> • PAIN CONTROLLED without IV narcotics • DISCHARGE RX for NSAID (5 day supply) • DISCHARGE RX for Gabapentin • DISCHARGE RX for oral narcotic (<15 tablets) • CONTINUE Acetaminophen as directed • CONTINUE Alvimopan until BM • TOLERATING DIET without ileus symptoms • AMBULATE >4x daily • ICE PACK to affected area • IS until postoperative appointment
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PACU	<ul style="list-style-type: none"> • CONTINUE ONDANSETRON for nausea/vomiting • REMOVE foley if present • ICE PACK to affected area • CLEAR LIQUIDS DOS • AMBULATE 1x • IS while awake
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Discharge	<ul style="list-style-type: none"> • PAIN CONTROLLED without IV narcotics • DISCHARGE RX for NSAID (5 day supply) • DISCHARGE RX for Gabapentin • DISCHARGE RX for oral narcotic (<15 tablets) • CONTINUE Acetaminophen as directed • CONTINUE Alvimopan until BM • CLEAR LIQUIDS DOS; advance to REGULAR diet on POD1 • AMBULATE >4x daily POD1 • ICE PACK to affected area • IS until postoperative appointment • DISCHARGE NEEDS: Anticipate VTE prophylaxis post discharge (Lovenox), bowel regimen if taking narcotics, post-op pain meds
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Patient	<ul style="list-style-type: none"> • SURGEON follow up appointment as directed
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