

UCSF Gyn Onc Enhanced Recovery Pathway: Laparotomy with Bowel Resection

			ANESTHESIA	GYN ONC	NURSING	PATIENT
DAYS B4	PREPARE		Phone Consult or Appointment	Informed consent.	TUG assessment	Enroll in MyChart
			Provide pre-op instructions via MyChart or mail	Patient education, expectations management, Exercises for Recovery		Learn about post-op goals and expectations, acquire Boost breeze or equivalent carbohydrate drink (e.g. Gatorade) Consider Impact or other immunomodulation for vulvectomy or open surgical cases
				Enter pre-op orders: medications, T&C, albumin		Complete Exercises for Enhanced Recovery
T-1						Take neomycin 500mg and flagyl 500mg every 8 hours by mouth
Day of Surgery / Pre-op			Pre-Op warming, PIV, LR at 30 ml/hr.	Consent checked and 24Hr H&P completed 45 minutes before OR start time	Complete Pre-Op RN checklist 45 min prior to OR start time	No food after midnight. Boost breeze or equivalent carbohydrate drink (e.g. Gatorade) and water taken up until 2 hours before arrival to hospital on day of surgery.
			Complete anesthesia assessment		Pre-Op warming, IV placed, labs drawn (if applicable), LR at 30mL/hr, ISS teaching	
	MEDICATIONS			Gabapentin 600mg once Acetaminophen 1000 mg PO once Diclofenac (eGFR>60) 100mg PO once Scopolamine (age <60) 1.5mg TD once (if > 3RFs)	Gabapentin, diclofenac & APAP given once with sip of water	Risks of surgery and anesthesia will be discussed. You will sign a consent for the procedure, and discuss the possibility of receiving blood products.
				Alvimopan 12 mg 30 mins prior to surgery (if bowel resection anticipated)		
INTRA-OP	REGIONAL		30 min before start time, place T9-10 epidural			
	MEDICATIONS		Draw 4 purple top tubes if consented for tissue bank	Ask for clean closing tray and change gloves	Provide clean closing tray and new gloves	
		AB	Maintain patient temperature >36.0 C			
		IVF	Antibiotic: Cefazolin 2-3g IV q4 Fluids: NTE 2L unless EBL >300mL. Use esophageal doppler or SPV (+ a-line) to guide resuscitation Dexamethasone 4mg IV x 1 after induction/before incision Ondansetron 4mg IV x 1 Propofol gtt (if > 3RFs)	ERAS TIMEOUT: Review opioid sparing strategy, PONV, SCIP measures + IVF management, Tissue banking		
PACU	MEDS	PONV				
		PAIN MANAGEMENT	Minimize opioid medications Fentanyl 2 mcg/mL @ 8 mL/hr. Lidocaine and magnesium gtt for patients who are not candidates for epidurals.	ERAS Debrief; Post-op pain regimen, diet orders, heparin dosing		
	REGIONAL		Minimize opioid medications Order Toradol or Acetaminophen if not contraindicated Order Antiemetics	complete gyn onc postop orders	Hydromorphone or Morphine IV PRN. Titrate to RR 10-12 BPM	
			Thoracic epidural Ropiv 0.0625% + Fentanyl 2 mcg/mL @ 8 mL/hr		Thoracic epidural Ropiv 0.0625% + Fentanyl 2 mcg/mL @ 8 mL/hr	

			GYNECOLOGIC ONCOLOGY SERVICE		NURSING	PATIENT
POD0		Regional	FLOOR ORDERS	MEDICATIONS		
			Labs: CBC and BMP 6 hours post-op	Gabapentin 600 mg PO qHS	Vital signs q4H, I&O qShift	Out of bed 6 hours after surgery
			Foley out at 6 hours postop	Acetaminophen 1000mg PO or IV q6H	Activity: OOB to chair 6 hrs post-op with nursing assistance	Practice incentive spirometry 10 breaths every hour while awake
			Diet: Clears as tolerated. Order Nestle Impact TID	Optional: Toradol 15 mg IV q6	Foley catheter out by POD #1	Diet: Clears as tolerated
			Fluids: Maintenance IVF	GI ppx: Senna & Colace, Alvimopan 12mg BID x7 days	Diet: Clears as tolerated	
POD1		Regional		Breakthrough pain: PCA HM 0.2/10/0 or Oxycodone PRN	Encourage incentive spirometry x 10 q1h	
				Anticoagulation: Heparin 5000 units SQ TID		
				Thoracic Epidural 0.0625% Ropvi +Fentanyl 2 mcg/ml @ 8 ml/hr		
			Labs: CBC, BMP	Gabapentin 600 mg PO qHS	Vital signs q4H, I&O qShift	Out of bed to chair twice daily, walk five times daily (at least first time with nurse)
			Diet: Regular diet as tolerated. Nestle Impact TID	Acetaminophen 1000mg PO or IV q6H	Activity: OOB to chair (3hrs) BID, Ambulation 5 x per day	Practice incentive spirometry 10 breaths every hour while awake
POD2		Regional	Fluids: SLIV	Optional: Toradol 15 mg IV q6 OR Diclofenac 50 mg PO TID (eGFR>60)	Diet: Regular diet as tolerated. Nestle Impact TID	Diet: Regular diet as tolerated. Nestle Impact three times daily
				GI ppx: Senna & Colace, Alvimopan 12mg BID x7 days	Encourage incentive spirometry x 10 q1h	
				Breakthrough pain: PCA HM 0.2/10/0 or Oxycodone PRN		
				Anticoagulation: Heparin 5000 units SQ TID		
				Thoracic Epidural 0.0625% Ropvi +Fentanyl 2 mcg/ml @ 8 ml/hr		
POD2		Regional	Labs prn	Gabapentin 600 mg PO qHS	Vital signs q4H, I&O qShift	Out of bed to chair twice daily, walk five times daily
			Diet: Regular, Nestle Impact TID	Acetaminophen 1000mg PO q6H	Activity: OOB to chair (3hrs) BID, Ambulation 5 x per day	Practice incentive spirometry 10 breaths every hour while awake
			Fluids: Evaluate IV fluids and avoid hypervolemia	Optional: Diclofenac 50 mg PO TID (eGFR>60)	Diet: Regular, Nestle Impact TID	Diet: Regular, Nestle Impact three times daily
			Hold 6 am heparin dose	GI ppx: Senna & Colace, Alvimopan 12mg BID x7 days	Encourage incentive spirometry x 10 q1h	
				Breakthrough pain: Oxycodone PRN		
		Regional		Anticoagulation: Heparin 5000 units SQ TID (6 AM dose held)		
				Stop Epidural infusion at 6 am. Catheter to be removed at 8 am.		