UCSF Spine Enhanced Recovery Pathway

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			ANESTHESIA	Spine MD	NURSING	PATIENT
DAYS B4		PREPARE	Verify pre-op meds ordered by Spine team (see below).	Informed consent		Learn post-op goals and plans for discharge
			Phone or in person consult: provide pre-op instructions via MyChart.	Hand out patient education brochure		
				Enter med orders **(#1386)** & instructions		
Day of Surgery / Pre-op			PIV placed. Crystalloid at 30 ml/hr	Consent checked, site marking and 24 hr H&P completed 40 minutes before OR start time	Complete Pre-Op RN checklist 30 min prior to OR start time.	Solid food allowed until day before surgery. Clear liquids taken up until 2 hours before surgery.
					ICS teaching	
					Pre-Op warming with bear hugger	
		Medications		Gabapentin 600mg once		
				Acetaminophen 1000mg PO once	Gabapentin & APAP given once with sip of water	Risk of surgery and anesthesia will be discussed.
		Blood	4 PRBC/4 FFP (>3 level fusion); 2 PRBC (ALIF), T&S (Routine)			

			ANESTHESIA		Spine MD	NURSING	PATIENT
INTRA-OPERATIVE			Double bite blocks		**ERAS TIMEOUT**: TXA, ABX, EBL, Pain, Dispo		
			Adequate IV access and hemodynamic monitors				
			Limit crystalloid to <3 L.				
			Patient temperature must not drop below 36.0 C.				
	MEDICATIONS	Antibiotics	Antibiotic: Cefazolin	2-3 g IV q4			
			Revision cases add: Vancomycin	1 g IV once			
			Involvement of sacrum: Gentamyciin	4 mg/kg IV once			
		TXA	TXA 10 mg/kg bolus => 1 mg/kg/hr *For EBL>400*		Requst TXA for expected EBL > 400		
		PONV	Dexamethasone 4mg IV x 1 after induction/before incision.				
			Ondansetron 4mg IV x 1				
	Anesthesia		Desflurane (<0.3 MAC if needed)				
			propofol 50-150 mcg/kg/min (lowest dose tolerable)				
	PAIN ADJUNCT		IV fentanyl gtt 1-3 mcg/kg/hr - minimize opioids		**ERAS DEBRIEF**: TXA, ABX, EBL, Pain, Dispo		
			*IV Ketamine gtt (2-5 mcg/kg/min)				
			*IV lidocaine 1.5mg/kg/hr intra-op				
			*Optional: Magnesium 30 mg/kg bolus over 30 minutes (after baseline				
	Transfusion		Blood Transfusion Thresholds - Hb>8-9 unless actively bleeding. INR>1.5. Platelet>100 and active bleeding.			Stay ahead on blood products when EBL>1000 ml	
PACU	MEDS		Order opioid of choice: Hydromorphone or Morphine.		CONSULT APS for OME>100	Hydromorphone or Morphine IV PRN. Titrate to RR 12.	
			Order Antiemetics.				

			Spine SERVICE **(#646)**			NURSING	PATIENT
POD 0	MEDICATIONS		Gabapentin	600mg PO qhs		Vital signs q4H, I&O shift.	Incentive Spirometry X10 Q 1H
			Acetaminophen	1000mg PO or IV q6H		Activity: Up to chair for all meals and ambulate TID	Out of bed @ 6 hrs post-op (if patient awake).
			Lidoderm 5% Patch	Daily		Fluids: Maintenance IVF for 6 hrs post-op, then SLIV. Diet: Advance as tolerates	Diet: Advance as tolerates
			Baclofen	5 mg PO Q6H prn		GI ppx: Colcae, miralax, senokot, dulcolax	
						Foley catheter out at 6 hours post-op.	
			If Opioid tolerant, continue ketamine infusion (2 mcg/kg/min) and maintain daily opioid requirement				
POD 1	MEDICATIONS		Gabapentin	600mg PO qhs		Vital signs q4H, I&O shift.	Incentive Spirometry X10 Q 1H
			Acetaminophen	1000mg PO or IV q6H			Up to chair for all meals and ambulate TID
			Oral opiates (oxycodone)		CBC at 0600.		Encourage gum chewing
POD ##			Order appropriate imaging				
					Goal for discharge by noon.	Goal for discharge by noon.	Goal for discharge by noon.