

# UCSF ERAS for Oncologic Breast Surgery

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		ANESTHESIA		SURGERY		NURSING		PATIENT				
DAY BEFORE	PREPARE	Phone Consult or visit		Informed Consent. Enter pre-op orders		Provide pamphlet if patient did not already receive one		Enroll in MyChart				
		Deliver instructions via MyChart or mail.		Hand out brochure				Review the ERAS pamphlet				
DOS PRE-OP	MEDICATIONS	Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr				Please complete Pre-Op RN checklist 45 minutes prior to OR start time, then Green Light.		Nothing by mouth for eight hours before surgery except for clears up to 2 hours before				
		ANALGESICS	Gabapentin- consider dose reduction or avoidance in older adults and patients with renal function		600mg PO once		Nothing by mouth for eight hours before surgery except for clears up to 2 hours before coming to hospital (arrival time)		Apply Warming Blanket to patient. Teach IS.			
			Acetaminophen		1000mg PO once				Risks of surgery and anesthesia will be discussed. You will sign a consent for the procedure, and discuss the possibility of receiving blood products.			
		Celecoxib		400mg PO once				IV Placed. Crystalloid started at 30ml/hr. Give appropriate preoperative medications (see anesthesia)		If there is any chance you might be pregnant, please discuss with surgery and anesthesia		
		PONV	Scopolamine Age < 60 years		1.5mg TD once		Consent checked, Site Marking, and 24-hr H&P completed 45 minutes before OR start time.					
Aprepitant (Only if Apfel score > 3 and unable to tolerate scopolamine)			40 mg PO once									
INTRA-OP	MEDS	VTE			ERAS TIMEOUT: Review opioid sparing strategy, PONV, SCIP measures + IVF management		Apply SCDs					
		IVF	Crystalloids $\geq$ 10 cc/kg recommended									
		Temp	Maintain temperature $\geq$ 36.0° C									
		ABX	Cefazolin		2g IV q4h weight adjusted as needed							
			Minimize opioids administration									
		ANALGESICS		Regional Anesthesia		Indicated for total mastectomies or breast reductions with lumpectomies (NOT typically for DIEP flaps, partial mastectomies, simple breast reductions, or gender affirming surgery)						
		PONV		After induction: Pecs1 + Pecs2		Discuss Pecs2 if surgery includes full axillary dissection						
PONV		Dexamethasone		4mg IV x 1 after induction								
PONV		Avoid nitrous oxide. TIVA recommended for all cases				ERAS Debrief: Post-op pain regimen						
PONV		Ondansetron		4mg IV x 1								
PACU	MEDICATION	Minimize opioids ordered		Hydromorphone IV PRN		Oxycodone PO PRN		Post-op Orderset #683				
		Non-opiate Adjunct: Lorazepam 0.5 mg IV PRN muscle spasm						Consult APS if OME>100				
		IVF Bolus 250-500 mL PRN										
		Haloperidol 1 mg IV PRN -OR-										
		Ondansetron 4mg IV PRN -OR- Prochlorperazine 5-10 mg IV PRN										
PONV								Minimize opioids administered				

SURGERY				NURSING	PATIENT	
POD 0	MEDICATIONS	Gabapentin	600mg PO QHS	Address delirium precautions	Vital Signs q 4H, I&O shift, weight daily, surgical incision care	Out of bed ad lib, x 1 evening of surgery
		Acetaminophen	1000 mg PO q8 ATC		Ambulation: OOB ad lib, attempt x 1 evening	Incentive Spirometry x10 q 1H
					Incentive Spirometry x10 q 1H	
		Lorazepam	0.5-1 mg PO Q8 PRN spasm	Goal FSBG<180	DVT Proph: Heparin 5kU SQ TID	
		Oxycodone	5-10 mg PO Q3 PRN		Gum chewing ok. Advance diet as tolerates	Gum chewing ok
POD 1	MEDICATIONS	Celecoxib	200mg q12 ATC	Address delirium precautions	Vital Signs q 4H, I&O shift, weight daily, surgical incision care	Walking 5 times a day. At least first time with nurse.
		Acetaminophen	1000 mg PO q8 ATC		Labs: CBC, Cr, BUN	Ambulation: OOB to chair (3hrs) BID Ambulation 5 x per day
		Oxycodone	5-10 mg PO Q3 PRN		Incentive Spirometry x10 q 1H	
		Gabapentin	600mg PO QHS		DVT Proph: Heparin 5kU SQ TID	
					Gum chewing ok. Advance diet as tolerates	Gum chewing ok