

UCSF ERAS for Oncologic Breast Surgery

Pedram Aleshi, Lee-lynn Chen, Laura Esserman, Christina Inglis-Arkell, Melvin La, Jasmine Wong

		ANESTHESIA	SURGERY	NURSING	PATIENT															
DAY BEFORE	PREPARE	Phone Consult or visit Deliver instructions via MyChart or mail. Enter Pre-op Orders	Informed Consent. Enter pre-op orders Hand out brochure	Provide pamphlet if patient did not already receive one	Enroll in MyChart Review the ERAS pamphlet															
	MEDITATIONS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr</td> </tr> <tr> <td style="font-size: 0.8em;">ANALGESICS</td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.7em;">Gabapentin</td> <td style="font-size: 0.7em;">600mg PO once</td> </tr> <tr> <td style="font-size: 0.7em;">Acetaminophen</td> <td style="font-size: 0.7em;">1000mg PO once</td> </tr> <tr> <td style="font-size: 0.7em;">Celecoxib</td> <td style="font-size: 0.7em;">400mg PO once</td> </tr> </table> </td> </tr> <tr> <td style="font-size: 0.8em;">PONV</td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.7em;">Scopolamine Age < 60 years</td> <td style="font-size: 0.7em;">1.5mg TD once</td> </tr> <tr> <td style="font-size: 0.7em;">Aprepitant (Only if Apfel score > 3 and unable to tolerate scopolamine)</td> <td style="font-size: 0.7em;">40 mg PO once</td> </tr> </table> </td> </tr> </table>	Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr		ANALGESICS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.7em;">Gabapentin</td> <td style="font-size: 0.7em;">600mg PO once</td> </tr> <tr> <td style="font-size: 0.7em;">Acetaminophen</td> <td style="font-size: 0.7em;">1000mg PO once</td> </tr> <tr> <td style="font-size: 0.7em;">Celecoxib</td> <td style="font-size: 0.7em;">400mg PO once</td> </tr> </table>	Gabapentin	600mg PO once	Acetaminophen	1000mg PO once	Celecoxib	400mg PO once	PONV	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.7em;">Scopolamine Age < 60 years</td> <td style="font-size: 0.7em;">1.5mg TD once</td> </tr> <tr> <td style="font-size: 0.7em;">Aprepitant (Only if Apfel score > 3 and unable to tolerate scopolamine)</td> <td style="font-size: 0.7em;">40 mg PO once</td> </tr> </table>	Scopolamine Age < 60 years	1.5mg TD once	Aprepitant (Only if Apfel score > 3 and unable to tolerate scopolamine)	40 mg PO once	Nothing by mouth for eight hours before surgery except for clears up to 2 hours before coming to hospital (arrival time) Consent checked, Site Marking, and 24-hr H&P completed 45 minutes before OR start time.	Please complete Pre-Op RN checklist 45 minutes prior to OR start time, then Green Light. Apply Warming Blanket to patient. Teach IS. IV Placed. Crystalloid started at 30ml/hr. Give appropriate preoperative medications (see anesthesia)
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INTRA-OP	MEDS		ERAS TIMEOUT: Review opioid sparing strategy, PONV, SCIP measures + IVF management	Apply SCDs																
	VTE																			
	IVF	Crystalloids \geq 10 cc/kg recommended																		
	Tem	Maintain temperature \geq 36.0°C																		
	ABX	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Cefazolin</td> <td style="font-size: 0.7em;">2g IV q4h weight adjusted as needed</td> </tr> </table>	Cefazolin	2g IV q4h weight adjusted as needed																
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	ANALGESICS	Minimize opioids administration Regional Anesthesia Indicated for simple/total mastectomies or breast reductions (NOT for DIEP flaps. NOT typically for partial mastectomy unless also getting breast reduction) After induction: Pecs1 + Pecs2 Discuss Pecs2 if surgery includes full axillary dissection			Please give anesthesia team time to perform the regional block in the OR															
	PONV	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Dexamethasone</td> <td style="font-size: 0.7em;">4mg IV x 1 after induction</td> </tr> </table>	Dexamethasone	4mg IV x 1 after induction																
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	PONV	Avoid nitrous oxide. TIVA recommended for all cases	ERAS Debrief: Post-op pain regimen																	
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		ANESTHESIA		SURGERY	NURSING	PATIENT
PACU	MEDICATION	Analogesics	Minimize opioids ordered		Post-op Orderset #683	Minimize opioids administered
			Hydromorphone IV PRN			
			Oxycodone PO PRN			
			Non-opiate Adjunct: Lorazepam 0.5 mg IV PRN muscle spasm			
	PONV	IVF Bolus 250-500 mL PRN		Consult APS if OME>100		
		Haloperidol 1 mg IV PRN -OR- Ondansetron 4mg IV PRN -OR- Prochlorperazine 5-10 mg IV PRN				
		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			
		Lorazepam	0.5-1 mg PO Q8 PRN spasm	Goal FSBG<180	Incentive Spirometry x10 q 1H	Incentive Spirometry x10 q 1H
		Oxycodone	5-10 mg PO Q3 PRN		DVT Proph: Heparin 5kU SQ TID	
					Gum chewing ok. Advance diet as tolerates	
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			
		Oxycodone	5-10 mg PO Q3 PRN	Labs: CBC, Cr, BUN	Ambulation: OOB to chair (3hrs) BID Ambulation 5 x per day	Incentive Spirometry x10 q 1H
		Gabapentin	600mg PO QHS		Incentive Spirometry x10 q 1H	
					DVT Proph: Heparin 5kU SQ TID	
		Gum chewing ok. Advance diet as tolerates	Gum chewing ok			