

UCSF CYSTECTOMY ENHANCED RECOVERY PATHWAY

		ANESTHESIA		SURGERY		NURSING		PATIENT	
DAYS B4	PREPARE	Phone Consult: deliver instructions via MyChart or mail.		Informed Consent. Enter pre-op orders (#1356)				Enroll in MyChart	
		Instructions: ".prepareeras"		Hand out brochure .erascystectomy				Option for prehab etc.	
DOS. PRE-OP MEDICATIONS	ANALGESICS	Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr		No bowel prep needed unless colonic diversion planned (rare). Fleets Enema can be performed the AM of surgery if necessary based on surgeon preference		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/ Boost Breeze completed 2 hours before coming to hospital (Arrival Time)	
		Alvimopan 12 mg	1 tab po once prior to surgery (30min to 5 hours prior)			Give appropriate preoperative medications (see anesthesia)			
		Gabapentin	600mg once			Apply Warming Blanket to patient. Teach IS.			
		Acetaminophen	1000mg 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.	
		Diclofenac (if eGFR>60)	100mg once			IV Placed. Crystalloid started at 30ml/hr.			
		Scopolamine	1.5mg TD once						
	PONV	Age < 60 years		Consent checked, Site Marking, and 24-hr H&P completed 40 minutes before OR start time.				If there is any chance you might be pregnant, please discuss with surgery and anesthesia	
INTRA-OP MEDS	ABX	VTE Heparin 5000 U SQ X 1							
		OG Orogastric tube to low intermittent suction.							
		IVFs Fluids: NTE 2L unless EBL>300ml, Esophageal doppler monitoring. Minimize fluids especially during ureteral clamping							
		Temp Patient temperature must not drop below 36.0 C.							
		Pain Antibiotic: Aztreonam + flagyl or Ceftriaxone + Ertapenem (2nd choice) Flagyl							
		Minimize opioids administration				Stop lidocaine infusion just before injection of liposomal bupivacaine			
		Lidocaine gtt @ 2mg/kg/hr							
		Magnesium bolus 30 mg/kg (over 30 minutes) then 6 mg/kg/hr							
		If Opioid-Tolerant, continue their opioid regimen intra-op. Start ketamine load and infusion. 0.2 mg/kg x 1. Then 2 mcg/kg/min.				Local anesthetic with bupivacaine and liposomal bupivacaine. Prior to skin closure by supra and sub-facial injection.			
		PONV Dexamethasone 4mg IV x 1 after induction							
Metoclopramide 10mg IV X 1. Unless contraindicated.									
Ondansetron 4mg IV x 1									

ANESTHESIA			SURGERY	NURSING	PATIENT
PACU	MEDI CATION	Minimize opioids ordered	Post-op Orderset #1358	Minimize opioids administered	
		Order Antiemetics	Consult APS if OME>100		
FLOOR/ICU POD 0	MEDI CATIONS	Gabapentin 600mg PO QHS	Alvimopan 1 tab PO BID, not to exceed 14 doses or 7 days pm dose should be given on POD#0	Vital Signs q 4H, I&O shift, weight daily, surgical incision care Ambulation: OOB ad lib, attempt x 1 evening	Out of bed ad lib, x 1 evening of surgery
		Acetaminophen 1000mg IV q6H			
		Toradol (if eGFR>60) 15mg IV q6H	Address delirium precautions	Incentive Spirometry x15 q 1H	Incentive Spirometry x15 q 1H
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.	Goals FSBG<180	Foley Catheter to gravity (if neobladder) vs stoma bag to gravity	
		If needed, PCA HM 0.2/10/0		DVT Proph: Heparin 5kU SQ TID	
			Gum chewing ok. NPO vs sips per surgeon	Gum chewing ok	
FLOOR/ICU POD 1	MEDI CATIONS	Gabapentin 600mg PO QHS	Alvimopan 1 tab PO BID, not to exceed 14 doses or 7 days	Vital Signs q 4H, I&O shift, weight daily, surgical incision care	
		Acetaminophen 1000mg IV/PO q6H	Labs: CBC, Cr, BUN	Ambulation: OOB to chair (3hrs) BID Ambulation 5 x per day	Walking 5 times a day. At least first time with nurse.
		Toradol OR Diclofenac 15mg IV q6H/ 50mg PO TID		Incentive Spirometry x15 q 1H	Incentive Spirometry x15 q 1H
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.	Wound RN consult for stoma care vs neobladder irrigations	Wound RN consult for stoma care vs neobladder irrigations	
		If needed, PCA HM 0.2/10/0	Consider reglan if persistent nausea	DVT Proph: Heparin 5kU SQ TID	
			sips vs clears per surgeon if no sx of ileus, Gum chewing ok.	Gum chewing ok	
FLOOR/ICU POD ##	MEDI CATIONS	Gabapentin 600mg PO QHS	Alvimopan 1 tab PO BID, not to exceed 14 doses or 7 days	Vital Signs q 4H, I&O shift, weight daily, surgical incision care	
		Acetaminophen 1000mg IV/PO q6H	Nutrition Consultation	Ambulation: OOB to chair (3hrs) BID Ambulation 5 x per day	Walking 5 times a day. At least first time with nurse.
		Toradol OR Diclofenac 15mg IV q6H/ 50mg PO TID		Incentive Spirometry x15 q 1H	Incentive Spirometry x15 q 1H
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min			
		If Opioid-Tolerant, continue their daily opioid requirement.		DVT Proph: Heparin 5kU SQ TID	
		PCA HM 0.2/10/0 vs Advance to po opioids when tolerating PO	Advance to po opioids when tolerating PO		
				Clear liquid diet or diet advance. SLIV and support with small NS bolus as needed	Clear liquid diet or diet advance.