

UCSF Cesarean Delivery ENHANCED RECOVERY PATHWAY					Updated 1/26/18
ANESTHESIA		OB	NURSING	PATIENT	PEDS
Antepartum Clinic visit		Patient education on "What to expect" for C-section, method of feeding, choosing pediatrician. Add Breastfeeding AVS. Schedule surgery. HUSC will ask providers if eligible for ERAS. Identify Pediatrician (refer to MZ, Laurel Heights, or China Basin)		Enroll in MyChart Review educational material (EMMI and "What to Expect" handout) Obtain car seat, choose pediatrician	Patient education material re: breastfeeding, newborn care, circumcision, establishing PCP for baby
DAYS Before (72hr prior)	Pre-Op evaluation by Anesthesia Provider Discuss Post-op pain regimen plan (i.e. Acetaminophen ATC, Ibuprofen ATC to minimize opioids) Provide patient with "What to expect" handout.	Confirm surgery date/time. D/c planning initiation including confirming ride home date and time for d/c Informed Consent Enter pre-op orders (see below): Order: CBC, RPR, T&S if primary C/S, T&C if repeat C/S or other risks	Provide Boost Breeze Provide hibiclens	Receive Boost Breeze or other carbohydrate clear drink Use hibiclens night before surgery	
DOS PRE-OP	Review H&P	Complete consent, 24-hour update, risks/benefits note ORDERS Use orderset 2292 Acetaminophen 1000mg PO once Bicitra 30mL PO once Skin-to-skin plan Partner in OR determination	Complete pre-op RN checklists	No solids for 8 hours pre-op, can have clears up to 2 hours preop (surgery may be delayed if consumed later) Drink Boost Breeze prior to coming to hospital	
	Confirm NPO status & allergies		Place PIV. Give crystalloid 200mL/hour up to 1 L		
	Follow-up on preop labs		Acetaminophen & bicitra given with water (<50mL)		
	Confirm appropriate T&S/T&C sent		Incentive Spirometry education		
	Blood in room if high risk of hemorrhage.		Clipping in Triage		
			SAGE Prep		
INTRA-OP	Fluids	Attending Time-out prior to placement of spinal Test prior to skin incision. Confirm with adequate block prior to incision.	Set room temperature to 70°F		After arrival in OR, communicate with OB and Anesthesia re: co-morbidities and meds given
	TEMP		Place SCDs, turn on SCD machine.		
	ABX		After spinal, place foley.		
	INFECTIONS		Record FHR strip if time from spinal to prep >10min		
	PONV		Prep abdomen with chlorhexidine.		
	ANESTHETIC		Attach suction and bovie		
			Get partner after drapes up		
			Call for Peds prior to delivery & communicate type of anesthesia		
			Communicate skin & uterine incision & delivery times		
			Tilt table 15° for LUD		
Post-delivery	Pitocin 20units in 500mL infusion	Uterine massage after skin closure.	Skin-to-skin	Skin-to-skin bonding RN obtains additional uterotonics from PYXIS as needed	Vitamin K injection, erythromycin within 1 hour of delivery
	If poor tone, Methergine 0.2mg IM (avoid in HTN) OR Hemabate 0.25mg IM (avoid in asthma) OR Misoprostol 800 PR/buccal	Communicate uterine tone to anesthesia	ID bands to mother and baby		
	If asked, give azithromycin 500mg IV over 1 hr	Ask Anesthesia for Azithromycin if indicated.			
	If no duramorph given, b/i TAP blocks: Ropivacaine 0.2% 20cc per side	Attending/Fellow Debrief at end of case, including EBL			
PACU MEDICATIONS	Pain management per anesthesia for 24hrs post-delivery if neuraxial opioid given. Oxycodone 5-10mg PO q3h PRN moderate pain Hydromorphone 0.2-0.6mg IV q2h PRN severe pain Ondansetron 4mg IV PRN N/V	Labs: only if indicated	Oxycodone PO PRN moderate pain Hydromorphone IV PRN severe pain Complete Anesth-RN signout card	Incentive Spirometry x10 q 1H	

FLOOR POD 0	Hydromorphone PCA +/- TAP block if inadequate analgesia. Anesthesia will order hydromorphone PCA.	Use orderset 2293	Vital signs q4, I&O qshift, incision care.	Ankle pumps and circles in bed, 10x every hour	Check with patient if circumcision desired
		Acetaminophen* 1000mg PO q8H ATC	Advance to regular diet	Advance to regular diet	Assessment by nursery provider
		Ketorolac** 30mg IV q8H ATC x 3 doses	Encourage incentive spirometry	Incentive Spirometry x10 q1H	
		Oxycodone 5-10mg q4h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain. d/c Hydromorphone PCA if used by POD#1 Noon	Dangle feet at bedside by 6 hr postop. Foley catheter to gravity. Try to walk to bathroom by 8hr postop. D/c foley 8-12 hours after c/s if able to walk to bathroom. Notify HO if not out by 12 hr	Out of bed (OOB) with RN, SCDs when in bed	Out of bed (OOB) with RN, SCDs when in bed
Bowel regimen: Colace 250mg PO BID + Senna 17.2mg PO qbedtime + Milk of Magnesia 30mL daily, Miralax 17g daily PRN constipation, Bisacodyl 10mg suppository PRN#2	Out of bed (OOB) with RN, SCDs when in bed	Out of bed (OOB) with RN, SCDs when in bed	Baby Vitamin K injection, erythromycin eye ointment		
DVT PPx: SCDs when in bed; Lovenox 40mg SQ QD starting 12-24 hr postop if high risk (rx VTE, thrombophilia, C-hyst, transfused >4 RBC, >2 uterotonics given, GA, IR embolization, ICU, BMI>40, surgical time>2hr) to continue until fully ambulating	If pain not well controlled for 1st 24hrs postop, call Anesthesia	Notify Peds if circumcision desired	Decide if circumcision desired/notify RN		
Labs: only if indicated					
Evaluate wound. Assess pain control.					
FLOOR POD 1	Post-op assessment for PDPH, nerve injury, urinary retention, pain control	Acetaminophen* 1000mg PO q8H ATC	Vital Signs q 4H, I&O shift, weight daily, surgical incision care, bowel assessment	Sit up in chair for all meals.	Confirm baby PCP (if none, discuss with Peds team)
		Ibuprofen** 600mg PO q6h ATC	Lactation consultation	Lactation Consultation	Assessment by nursery provider
		Oxycodone 5-10mg q4h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain. d/c Hydromorphone PCA if used by POD#1 Noon	DVT ppX: SCDs	Incentive Spirometry x10 q1hr	
		Continue POD#0 bowel regimen	Regular Diet	Regular Diet	
DVT PPX: SCDs when in bed; Continue POD#0 DVT PPx plan	Encourage ambulation	Ambulate with assistance	Birth certificate	Newborn screen at 24hr of life	
Labs: CBC	Confirm car seat	Watch OneView videos re: wellbaby care, etc.	Birth certificate visit by POD1 or 2, done by POD3		
Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.					
FLOOR POD 2		Acetaminophen* 1000mg PO q8H ATC	Vital Signs q8h, I&O shift, weight daily, surgical incision care abdomen, bowel assessment	Walk 3 times a day	Circumcision by POD2 (if desired and timing clinically appropriate)
		Ibuprofen** 600mg PO q6h ATC	Ambulation 3x a day	Incentive Spirometry x10 q1hr	Assessment by nursery provider
		Oxycodone 5-10mg q4h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain. Continue POD#0 bowel regimen and DVT PPx plan	Regular Diet	Regular Diet	
		Tdap, flu shot prior to discharge	SCDs while in bed	SCDs while in bed	
Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.	Confirm ride home and discharge time for POD#3	Confirm ride home and discharge time for POD#3	Confirm peds follow-up visit and discharge time for POD#3		
Confirm Tdap and flu shot	Discharge NP: Meds to Bed request (if eligible) for discharge meds below. Confirm follow-up clinic visit.	Tdap and flu shot			
FLOOR POD 3		Use orderset 2294 for discharge meds, but change Oxycodone to #25	Vital Signs q8h, I&O shift, weight daily, surgical incision care abdomen, bowel assessment	Walk 3 times a day	Assessment by nursery provider
		Acetaminophen* 1000mg PO q8H ATC	Ambulation 3x a day	Incentive Spirometry x10 q1hr	Check with nursery team that baby is ready for discharge.
		Ibuprofen** 600mg PO q6h ATC	Regular Diet	Regular Diet	* If baby is not ready for discharge, mother can remain admitted with baby through 96 hours
		Oxycodone 5-10mg q4h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain. Continue POD#0 bowel regimen and DVT PPx plan	SCDs while in bed		
Goal discharge ready by noon	Prior to discharge, notify Anesthesia if any headache, back pain, neurologic symptoms				
Rx: Ibuprofen 600mg PO q6h ATC x 3 days, then PRN, #60, 1 Refill.					
Rx: Acetaminophen 1000mg PO q8H ATC x 3 days, then PRN, #50, no refills					
Rx: Oxycodone 5-10mg PO q4h PRN #20, no refills					
Bowel Regimen Rx: Colace 250mg BID PRN constipation #60, Refill 1, Senna 8.6-17.2mg BID PRN constipation #120, Refill 1,					
Rx: Ferrous sulfate 325mg PO daily #30, 2 Refills					
Evaluate wound. Assess pain control. If pain not well controlled, consult Anes.					
Tdap, flu shot prior to discharge					
Check with nursery team that baby is ready for discharge.*					
POST-D/C	6 WEEK	Evaluate wound. Assess pain control.	Screen for post-partum depression	Decrease opioids slowly. No driving while on opioids.	

*Order regular acetaminophen dosing (1g po q8h) if the patient has normal liver function, lower dose acetaminophen (650mg po q8h) if ALT between 300-500. Avoid acetaminophen if ALT > 500.

**Avoid NSAIDS if the patient has preeclampsia with severe features (Cr >= 1.1, or Plt <= 100K), kidney disease, cardiac disease (Check PACT worksheet)