

PANCREATECTOMY ENHANCED RECOVERY PATHWAY

ANESTHESIA		SURGERY		NURSING		PATIENT				
DAYS B4	PREPARE	Phone Consult or Appointment		Enter surgery & pre-op orders (#2494)		Enroll in MyChart, Visit ERAS website for information.				
		Deliver instructions via MyChart or mail.		Patient Education, EMMI videos		Prehabilitation: Follow Exercise program and have support at home in place for discharge.				
				Ordering Magnesium Citrate (Corvera + Nakakura)		Bowel prep if needed				
DOS. PRE-OP	MEDICATIONS	Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr		Nothing by mouth after midnight except for a Boost Breeze completed 2 hours before coming to hospital.		Please complete Pre-Op RN checklist 45 minutes prior to OR start time, then Green Light.		NPO after midnight except for a Boost Breeze completed 2 hours before hospital arrival		
		Gabapentin 600mg once								
		Acetaminophen 1000mg once								
		Diclofenac (if eGFR>60) 100mg once								
		Scopolamine 1.5mg TD once								
REQUIREMENTS	Age < 60 years		Consent checked, Site Marking, and 24-hr H&P completed 40 minutes before OR start time. Discuss Epidural need with anesthesia team.		Gabapentin 600, APAP 1000, Diclofenac given once with water (<100ml). Antiemetics may also be ordered.		Risks of surgery and anesthesia will be discussed. You will sign a consent for the procedure, and discuss the possibility of receiving blood products.			
	30 minutes before start time, complete anesthesia assessment, go to Block Room, and place Thoracic Epidural placed at T8-10								If there is any chance you might be pregnant, please discuss with surgery and anesthesia	
INTRA-OP	Medications		Maintain patient temperature >36							
			Nasogastric tube to low intermittent suction							
			VTE		Heparin 5000 U SC X 1 after epidural placement for high risk patients					
			IVFs		Fluids: NTE 2 L for straightforward surgeries unless EBL>300ml,					
			ABX		Antibiotic: Ceftriaxone 2 G + Metronidazole 500 mg					
			PONV		Metoclopramide 10mg IV X 1. Unless contraindicated.					
					Ondansetron 4mg IV x 1					
					Propofol gtt (with >3 RfS)					
			ALL		Minimize opioid medications		ERAS TIMEOUT: Review opioid sparing strategy, PONV, SCIP measures + IVF management			
					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.					
			Pain Management		IV Ketoralac 30 mg (to be confirmed at timeout)					
			Laparoscopic		Lidocaine gtt @ 2 mg/kg/hr		Surgeon infiltration 0.25% bupivacaine			
		Magnesium bolus 30 mg/kg (over 30 minutes) then 6 mg/kg/hr								
Open		Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr (if not amenable to epidural, then consider TAP vs lido/mg gtt.		ERAS Debrief: Post-op pain regimen, diet orders, heparin dosing						
PACU	MEDICATIONS		Minimize opioid medications		Order Postop HPB Surgery Orderset		Minimize opioid medications			
			Order Antiemetics							
	REQUIREMENTS		Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr		Add Ketoralac if appropriate		Set-up Epidural 0.0625% Ropi+Fentanyl 2 mcg/ml @ 8 ml/hr			

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FLOOR/ICU POD 0	MEDICATIONS			Immediate Post op Labs on select patients only		Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,		Out of bed 6 hours after surgery	
		Acetaminophen	1000mg IV q6H	STRICT NPO		Out of bed 6 hours after surgery with assistance of Nursing		STRICT NPO	
		Ketoralac (if eGFR>60)	15mg IV q6H			Encourage Incentive Spirometry x10 q 1H		Incentive Spirometry x10 q 1H	
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.		Address delirium precautions		Foley Catheter to gravity.			
		IV Hydromorphone and Oxycodone PRN				DVT Proph: Heparin 5kU SQ TID			
REGI ONA L		Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr		Evaluate IV Fluids and avoid hypervolemia		Decrease epidural and call surgery team with hypotension			
FLOOR/ICU POD 1-2	MEDICATIONS			Evaluate IV Fluids and avoid hypervolemia		Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,		Walking 5 times a day. At least first time with nurse.	
		Acetaminophen	1000mg IV q6H	Labs: CBC, Cr, BUN		Ambulation: OOB to chair (3hrs) BID		Incentive Spirometry x10 q 1H	
		Ketoralac OR (eGFR > 60)	15mg IV q6H	NG Tube Removal		Encourage Incentive Spirometry x10 q 1H			
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.		Address Foley removal		Remove Foley Catheter in AM			
		IV Hydromorphone and Oxycodone PRN		DIET (Clears)		Remove NG Tube			
REGI ONA L		Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr				DVT Proph: Heparin 5000U SQ TID			
FLOOR POD 2-5	MEDICATIONS	Gabapentin	600mg PO QHS	Evaluate IV Fluids and avoid hypervolemia		Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,		Walking 5 times a day. At least first time with nurse.	
		Acetaminophen	1000mg IV/PO q6H	Labs: CBC, Cr, BUN		Ambulation: OOB to chair (3hrs) BID		Incentive Spirometry x10 q 1H	
		Ketoralac OR Diclofenac (eGFR>60)	15mg IV q6H 50mg PO BID	DIET (Full Liquid)		Encourage Incentive Spirometry x10 q 1H		DIET (Full Liquid)	
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.						Gum Chewing OK	
		IV Hydromorphone and Oxycodone PRN							
REGI ONA L		Continue with thoracic Epidural until tolerating full liquid diet.		Hold 6AM Heparin dose for epidural removal when tolerating full liquid diet		DVT Proph: Heparin 5000U SQ TID			
FLOOR Discharge	MEDICATIONS	Acetaminophen		Meds to Beds		Discharge Teaching		Ensure questions answered	
		NSAIDS (Diclofenac, celebrex or ibuprofen)		Clear discharge instructions with use of adjunct nonopioid pain meds		Meds to Beds		Check follow up appointment date and time	
		Opioid		Plan for staples, drains, follow up labs appointment in place				Confirm plan in place for drains, staples pain meds, other meds, follow up	
								Have support at home in place for discharge	