**PANCREATECTOMY ENHANCED RECOVERY PATHWAY**

### DAYS B4 PREPARE

<table>
<thead>
<tr>
<th><strong>ANESTHESIA</strong></th>
<th><strong>SURGERY</strong></th>
<th><strong>NURSING</strong></th>
<th><strong>PATIENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter surgery &amp; pre-op orders (#2494)</td>
<td>Patient Education, EMMI videos</td>
<td>Ordering Magnesium Citrate (Corvera + Nakakura)</td>
<td>Enroll in MyChart, Visit ERAS website for information.</td>
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<tr>
<td>Deliver instructions via MyChart or mail.</td>
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<td></td>
<td>Prehabilitation: Follow Exercise program and have support at home in place for discharge.</td>
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</table>

### DOS. PRE-OP MEDICATIONS

<table>
<thead>
<tr>
<th><strong>ANALGESICS</strong></th>
<th><strong>PONV</strong></th>
<th><strong>INTRA-OP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr</td>
<td>Gabapentin 600mg once</td>
<td>Gabapentin 600, APAP 1000, Diclofenac given once with water (&lt;100ml). Antiemetics may also be ordered.</td>
</tr>
<tr>
<td>Acetaminophen 1000mg once</td>
<td>Acetaminophen 1000mg once</td>
<td>If there is any chance you might be pregnant, please discuss with surgery and anesthesia</td>
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<tr>
<td>Diclofenac (if eGFR&gt;60) 100mg once</td>
<td>Scopolamine 1.5mg TD once</td>
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<tr>
<td>Age &lt; 60 years</td>
<td>Consent checked, Site Marking, and 24-hr H&amp;P completed 40 minutes before OR start time. Discuss Epidural need with anesthesia team.</td>
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### INTRA-OP

<table>
<thead>
<tr>
<th><strong>MEDICATIONS</strong></th>
<th><strong>VTE</strong></th>
<th><strong>ABX</strong></th>
<th><strong>PONV</strong></th>
<th><strong>ALL</strong></th>
<th><strong>PAIN MANAGEMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoclopramide 10mg IV X 1. Unless contraindicated.</td>
<td>Heparin 5000 U SC X 1 after epidural placement for high risk patients</td>
<td>Antibiotic: Ceftriaxone 2 G + Metronidazole 500 mg</td>
<td>Ondansetron 4mg IV x 1</td>
<td>Minimize opioid medications</td>
<td>Lidoceaine gtt @ 2 mg/kg/hr</td>
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<tr>
<td>Propofol gtt (with &gt;3 RFs)</td>
<td>Fluids: NTE 2 L for straightforward surgeries unless EBL&gt;300ml,</td>
<td></td>
<td></td>
<td>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.</td>
<td>Magnesium bolus 30 mg/kg (over 30 minutes) then 6 mg/kg/hr</td>
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<tr>
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<td></td>
<td>IV Ketoralac 30 mg (to be confirmed at timeout)</td>
<td></td>
<td>Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr (if not amenable to epidural, then consider TAP vs lido/mg gtt.)</td>
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<td>Open ERAS Debrief: Post-op pain regimen, diet orders, heparin dosing</td>
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### PACU

<table>
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<tr>
<th><strong>MEDIATION</strong></th>
<th><strong>ORDER POSTOP</strong></th>
<th><strong>REGIONA</strong></th>
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<tbody>
<tr>
<td>Minimize opioid medications</td>
<td>Order Postop HPB Surgery Orderset</td>
<td>Minimize opioid medications</td>
</tr>
<tr>
<td>Order Antiemetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr</td>
<td>Add Ketoralac if appropriate</td>
<td>Set-up Epidural 0.0625% Ropi+Fentanyl 2 mcg/ml @ 8 ml/hr</td>
</tr>
</tbody>
</table>
**ANESTHESIA**

- Acetaminophen 1000mg IV q6H
- Ketorolac (if eGFR>60) 15mg IV q6H
- If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.
- IV Hydromorphone and Oxycodone PRN

**SURGERY**

- Immediate Post op Labs on select patients only
- STRICT NPO
- Evaluate IV Fluids and avoid hypervolemia
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**NURSING**

- Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,
- Out of bed 6 hours after surgery with assistance of Nursing
- Encourage Incentive Spirometry x10 q 1H
- Address delirium precautions
- DVT Proph: Heparin 5kU SQ TID
- Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,
- Ambulation: OOB to chair (3hrs) BID
- Ambulation 5 x per day
- Address Foley removal
- DVT Proph: Heparin 5000U SQ TID
- Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,
- Ambulation: OOB to chair (3hrs) BID
- Ambulation 5 x per day
- Address Foley removal
- DVT Proph: Heparin 5000U SQ TID

**PATIENT**

- Out of bed 6 hours after surgery
- STRICT NPO
- Incentive Spirometry x10 q 1H
- Foley Catheter to gravity.
- Decrease epidural and call surgery team with hypotension
- Walking 5 times a day. At least first time with nurse.
- Walking 5 times a day. At least first time with nurse.
- Gum Chewing OK
- Have support at home in place for discharge.

**FLOOR/ICU POD 0 MEDICATIONS**

- Thoracic Epidural 0.0625% Ropivacaine + Fentanyl 2 mcg/ml @ 8 ml/hr

**FLOOR/ICU POD 1-2 MEDICATIONS**

- Acetaminophen 1000mg IV q6H
- Ketorolac OR (eGFR > 60) 15mg IV q6H
- If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.
- IV Hydromorphone and Oxycodone PRN

**FLOOR/ICU POD 2-5 MEDICATIONS**

- Gabapentin 600mg PO QHS
- Acetaminophen 1000mg IV/PO q6H
- Ketorolac OR (eGFR > 60) 15mg IV q6H
- If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.
- IV Hydromorphone and Oxycodone PRN

**FLOOR POD 10 MEDICATIONS**

- Continue with thoracic Epidural until tolerating full liquid diet.
- Hold 6AM Heparin dose for epidural removal when tolerating full liquid diet

**FLOOR Discharge MEDICATIONS**

- Acetaminophen
- NSAIDS (Diclofenac, celebrex or ibuprofen)
- Opioid

**FLOOR Discharge MEDICATIONS**

- Meds to Beds
- Clear discharge instructions with use of adjunct nonopioid pain meds
- Plan for staples, drains, follow up labs appointment in place

**FLOOR Discharge MEDICATIONS**

- Discharge Teaching
- Meds to Beds
- Plan for staples, drains, follow up labs appointment in place

**FLOOR Discharge MEDICATIONS**

- Ensure questions answered
- Check follow up appointment date and time
- Confirm plan in place for drains, staples, pain meds, other meds, follow up
- Have support at home in place for discharge

**FLOOR Discharge MEDICATIONS**

- Last Edited January 2018