	ANESTHESIA	PAIN	SURGERY	NURSING	PHYSICAL THERAPY	PATIENT
Surgical Booking			Surgery scheduling, discharge planning initiation, CURES review, screen for pain consult.	Administer catastrophization questionnaire at DWUII		
				Review Criteria for APS Consultation & place referral to Pain Management center to see Drs. Abrecht or De Pinto		
Prepare	Prepare Consult: deliver instructions via MyChart Determine risk factors for severe acute pain and chronic pain: anxiety, current pain, opioid use	Block team to contact donor 1-2 days prior to surgery to discuss TAP block procedure.	If APS consult, LD RN send summary in Hard Stop Report. Surgeon sign off on personalized pain control regimen. Must be documented.			Enroll in MyChart Review educational material.
DOS: Pre-Op	Pre-op warming, IV placement, ensure pre-op analgesics are administered, ensure consent for TAP block obtained (phone or in pre-op)		Consent checked, site marking and 24hr H&P completed 40 minutes prior to OR start.	Complete pre-op RN checklists 40 minutes prior to OR start.		If there is any chance of pregnancy, please discuss with RN/MD
			Acetaminophen1000mg PO once	Apply warming blanket to patient		Follow NPO instructions per prepare
			Naloxone 4mg PO once	APAP, Naloxone given in pre-op		Risks of surgery and anesthesia will be discussed
Intra-op	Temp: Maintain patient temperature above 36.0 C		Intra-op Toradol per surgeon preference			
	Abx: Cefazolin					
	PONV: Ondansetron 4mg IVx1 Dexamethasone 10mg IVx1					
	Opioid: Fentanyl (dose per anesthesia)					
	Regional: bilateral TAP block bupivacaine					
PACU	Oral opioids first: Oxycodone 5-10mg PO q4hr PRN. Ensure that 5mg is given 30 min prior to transfer to floor. Only use IV hydromorphone for severe breakthrough pain. No fentanyl.	APS to see all donors who underwent pre-op pain consult. Order placed by surgical team.	APS inpt consult as part of post-op order set.	Orals first. OK to use hydromorphone or morphine for severe breakthrough pain, will require separate order. Titrate to resp rate of 10bpm.		

PACU	Anti-emetics PRN		Orals only on post-op order set, escalation to other meds after consult with on-call anesthesia MD. Labs: only if indicated	If patient escalates to PCA - CPO must be started on floor. Check for order.		
FLOOR/ICU POD 0			Bowel regimen for opioid-induced constipation: Colace Labs per protocol Acetaminophen 1000mg PO q8h Ondansetron PRN Oxycodone 5-10mg q4h PRN Toradol 15mg q6h x3 Tramadol 50mg q6h PRN	Vital signs q4h, I&O qshift, daily weight, incision care. Out of bed (OOB) with RN Clears, advance to regular diet as tolerated Foley Catheter to gravity		Incentive Spirometry x15 q1h Advance to regular diet Out of bed (OOB) with RN
FLOOR/ICU POD 1+			Bowel regimen for opioid-induced constipation: Colace Labs per protocol Acetaminophen 100mg PO q8h Ondansetron PRN Nalaxone 4mg once	Vital signs q4h, I&O qshift, daily weight, incision care. Advance to regular diet as tolerated Remove Foley Catheter in AM Ambulation: 3x daily		Incentive Spirometry x15 q1h Regular diet
DISCHARGE DAY			Labs per protocol Acetaminophen 1000mg PO q8h Oxycodone 5-10mg q4h PRN Tramadol 50mg q6h PRN Ondansetron PRN Outpt Rx: Acetaminophen 1000mg PO q8h PRN, colace, Oxycodone for breakthrough pain	Vital signs q4, I&O qshift, daily weight, incision care. Ambulation: 3x daily		Incentive Spirometry x15 q1h Regular diet Continue exercises 3x/day
POST-DISCHARGE 1 Week:			Assess wound, pain control, functional and neurovascular status Consider referral to UCSF chronic pain clinic for severe persistent pain Labs per protocol			