

## UCSF Cesarean Delivery ENHANCED RECOVERY PATHWAY

**Inclusions:** Scheduled C/S

**Exclusions:** Preeclampsia, urgent C/S, coagulopathy, failure to progress, arrest of descent, accreta

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.  Verify Pediatrician (if none, baby will go to MZ Gen Peds Clinic)		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  Confirm NPO status & allergies  Follow-up on preop labs  Confirm appropriate T&S/T&C sent  Blood in room if high risk of hemorrhage.	Complete consent, 24-hour update, risks/benefits note  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">ORDERS</td> <td>Acetaminophen</td> <td>1000mg PO once</td> </tr> <tr> <td></td> <td>Bicitra</td> <td>30mL PO once</td> </tr> </table> Skin-to-skin plan  Partner in OR determination	ORDERS	Acetaminophen	1000mg PO once		Bicitra	30mL PO once	Complete pre-op RN checklists  Place PIV. Give crystalloid 200mL/hour up to 1 L  Acetaminophen & bicitra given with water (<50mL)	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																														
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FLOOR POD 0	Hydromorphone PCA +/- TAP block if inadequate analgesia. Anesthesia will order hydromorphone PCA.	MEDICATIONS	Acetaminophen	1000mg PO q8H ATC	Vital signs q4, I&O qshift, incision care.	Ankle pumps and circles in bed, 10x every hour	Check with patient if circumcision desired	
			Ketorolac	30mg IV q8H ATC x 3 doses	Advance to regular diet	Advance to regular diet		
			Oxycodone 5-10mg q3h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain.		Encourage incentive spirometry	Incentive Spirometry x10 q1H		Well-baby visit
			d/c Hydromorphone PCA if used by POD#1 Noon		Dangle feet at bedside by 6 hr postop.			
			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		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			
DVT PPx: SCDs when in bed; Lovenox 40mg SQ QD starting 12-24 hr postop <b>if high risk</b> (hx VTE, thrombophilia, C-hyst, transfused >4 RBC, >2 uterotonics given, GA, IR embolization, ICU, BMI>40, surgical time>2hr) to continue until fully ambulating		Out of bed (OOB) with RN, SCDs when in bed	Out of bed (OOB) with RN, SCDs when in bed					
Labs: only if indicated		If pain not well controlled for 1st 24hrs postop, call Anesthesia	Baby Vitamin K injection, erythromycin eye ointment					
Evaluate wound. Assess pain control.		Notify Peds if circumcision desired	Decide if circumcision desired/notify RN					
FLOOR POD 1	Post-op assessment for PDPH, nerve injury, urinary retention, pain control	MEDICATIONS	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.	Document baby PCP (if none, MZ Peds Clinic)	
			Ibuprofen	600mg PO q6h ATC	Lactation consultation	Lactation Consultation		
			Oxycodone 5-10mg q3h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain.		DVT ppX: SCDs	Incentive Spirometry x10 q1hr		Well-baby visit
			d/c Hydromorphone PCA if used by POD#1 Noon		Regular Diet	Regular Diet		
			Continue POD#0 bowel regimen		Encourage ambulation	Ambulate with assistance		Newborn screen at 24hr of life
DVT PPx: SCDs when in bed; Continue POD#0 DVT PPx plan			Birth certificate	Birth certificate visit by POD1 or 2, done by POD3				
Labs: CBC		Confirm car seat	Watch OneView videos re: wellbaby care, etc.					
Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.								
FLOOR POD 2		MEDICATIONS	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 if desired by POD2 afternoon	
			Ibuprofen	600mg PO q6h ATC	Ambulation 3x a day	Incentive Spirometry x10 q1hr		
			Oxycodone 5-10mg q3h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain.		Regular Diet	Regular Diet		Well-baby visit
			Continue POD#0 bowel regimen and DVT PPx plan		SCDs while in bed	SCDs while in bed		
			Tdap, flu shot prior to discharge		Confirm ride home and discharge time for POD#3	Confirm ride home and discharge time for POD#3		Neonatal hearing screen, congenital heart disease screen
Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.		Confirm Tdap and flu shot	Tdap and flu shot	Confirm peds follow-up visit and discharge time for POD#3				
Discharge NP: Meds to Bed request (if eligible) for discharge meds below. Confirm follow-up clinic visit.								
FLOOR POD 3		MEDICATIONS	Acetaminophen	1000mg PO q8H ATC	Vital Signs q8h, I&O shift, weight daily, surgical incision care abdomen, bowel assessment	Walk 3 times a day	Well-baby visit	
			Ibuprofen	600mg PO q6h ATC	Ambulation 3x a day	Incentive Spirometry x10 q1hr		
			Oxycodone 5-10mg q3h PRN moderate pain, hydromorphone 0.2-0.6mg IV q2h PRN severe pain.		Regular Diet	Regular Diet		
			Continue POD#0 bowel regimen and DVT PPx plan		SCDs while in bed			
			<b>Goal discharge ready by noon</b>		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 #40, 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								
POST-D/C	6 WEEK		Evaluate wound. Assess pain control.	Screen for post-partum depression	Decrease narcotics slowly. No driving while on narcotics.			