<table>
<thead>
<tr>
<th>ANESTHESIA</th>
<th>OB</th>
<th>NURSING</th>
<th>PATIENT</th>
<th>Peds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll in MyChart</td>
<td>Patient education on “What to expect” for C-section method of feeding, choosing pediatrician. Add breastfeeding AVS</td>
<td>Review educational material (EMMI and “What to Expect” handout)</td>
<td>Patient education material re: breastfeeding, newborn care, circumcision, establishing PCP for baby</td>
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<tr>
<td>Schedule surgery. HUSC will ask providers if eligible for ERAS.</td>
<td>Verify Pediatrician (if none, baby will go to MZ Gan Peds Clinic)</td>
<td>Obtain car seat, choose pediatrician</td>
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<td>Admit paper chart to unit</td>
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**Pre-op evaluation by Anesthesia Provider**
- Discuss Post-op pain regimen plan (i.e. Acetaminophen ATC, ibuprofen ATC to minimize opioid)
- Informed Consent
- Enter pre-op orders (see below):
  - Provide Boost Breeze
  - Receive Boost Breeze or other carbohydrate clear drink
  - Use Hibiclens right before surgery

**Perform H&P**
- Complete consent, 24-hour update, risks/benefits note
- Place IV. Give Crystalloid 200mL/hour up to 1L
- Complete pre-op RN checklists

**Fluids**
- Prepare for spinal: 25-40 mL/kg (IBW) crystalloid during case (excludes pt with ESRD, CHF)
- Attending Time-out prior to placement of spinal
- Set room temperature to 70°F
- Check & Maintain patient temp above 36°C, Check that room temp set to 70°F
- Check lab results (ABX)
- Antibiotic: Cefazolin 2g (3g if >120kg)
- Test prior to skin incision. Confirm with adequate block prior to incision.
-Place SCDs, turn on SCD machine.
- After spinal, place Foley.
- After arrival in OR, communicate with OB and Anesthesia re: co-morbidities and meds given
- APC: 12-13.5 mg bupivacaine, 100 mcg morphine, +/- 50 mcg epi, +/- 10-15 mcg fentanyl
- Pitocin 20 units in 500mL infusion
- Tilt table 15° for LUD

**Uterine massage after skin closure.**

**Skin-to-skin bonding**

**Vitamin K injection, erythromycin within 1 hour of delivery**

**Post-delivery**
- Blood in room if high risk of hemorrhage.
- If no duramorph given, bilateral TAP blocks: Ropivacaine 0.2% 20cc per side
- T6 level or higher to proceed. GA with RSI for inadequate level, patient refusal or contraindication of neuraxial
- RN obtains additional uterotonics from PYXIS as needed
- Ask OB if can give toradol 30mg IV x1 at end of case
- Ask for azithromycin if indicated.
- Call for Peds prior to delivery & communicate type of anesthesia
- Communicate skin & uterine incision & delivery times
- Perfom NICU assessment
- Post-delivery
  - Pain management per anesthesia for 24hrs post-delivery if neuraxial opioid given
- IV acetaminophen 1000mg PO once
- Use hibiclens night before surgery

**Obtain car seat, choose pediatrician**

**Patient education material re: breastfeeding, newborn care, circumcision, establishing PCP for baby**

**Medications**
- **Inclusions:**
  - Pain management per anesthesia for 24hrs post-delivery if neuraxial opioid given
  - Oxycodone PO PRN moderate pain
- **Exclusions:**
  - Preeclampsia, urgent C/S, coagulopathy, failure to progress, arrest of descent, accreta

**UCSF Cesarean Delivery ENHANCED RECOVERY PATHWAY**
### Floor POD 0

**Acetaminophen** 1000mg PO q8H ATC
- Vital signs q4h, I&O qshift, incidence care.
- Ambulation 3x a day
- Regular Diet
- Encourage ambulation
- Vital Signs q8h, I&O shift, weight assessment

**Ketorolac** 30mg IV q6H ATC x 3 doses
- Advance to regular diet
- Pain评估
- Vital Signs q8h, I&O shift, weight assessment

**Cholecystitis 5-10mg q3h PRN moderate pain, hydrochloric acid 0.2-0.6mg IV q3h PRN severe pain.
- hydrochloric acid PCA if used by POD#1 Noon
- Continue POD0 bowel regimen
- DVT PPx: SCDs when in bed.
- Out of bed (OOB) with RN, SCDs when in bed
- Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.
- Labs: only if indicated

**6/8 Hydromorphone PCA if used by POD#1 Noon**
- Dangle feet at bedside by 6 hr postop.
- Pain catheter to gravity. Try to walk to bathroom by 8hr postop.
- If pain 8-12 hours after c/s if able to walk to bathroom. Notify HCA if not cut by 12 hr
- Baby Vitamin K injection, erythromycin eyedrops

**Bowel regimen: Colace 250mg PO Bid + Senna 17.2mg PO qbid time + milk of Magnesia 30mL daily, Metracal 17g daily PRN constipation, Bisacodyl 10mg suppository PRN#2**
- Baby car seat
- Notify Peds if circumcision desired
- Document baby PCP (if high risk (hx VTE, thrombophilia, C-hys, transfused > RBC, >2 uterotonics given, GA, IR embolization, ICU, BMI>40, surgical time>2hr) to continue until fully ambulating

**DVT PPx: SCDs when in bed. Lovenox 40mg SQ q24h starting 12-24 hr postop if high risk (tx VTE, thrombophilia, C-hys, transfused > RBC, >2 uterotonics given, GA, IR embolization, ICU, BMI>40, surgical time>2hr) to continue until fully ambulating**
- Labs: only if indicated

**Encourage incentive spirometry**
- Vital Signs q8h, I&O shift, weight assessment

**Post-op assessment for PDPH, nerve injury, urinary retention, pain control**
- Pain assessment
- Vital Signs q8h, I&O shift, weight assessment
- Assess pain control.
- Pain assessment
- Vital Signs q8h, I&O shift, weight assessment

**Evaluate wound. Assess pain control.**
- Pain assessment
- Vital Signs q8h, I&O shift, weight assessment
- Assess pain control.
- Pain assessment
- Vital Signs q8h, I&O shift, weight assessment

### Floor POD 1

**Acetaminophen** 1000mg PO q8H ATC
- Vital Signs q4H, I&O shift, weight daily, surgical incision care, bowel assessment
- Ambulation 3x a day
- Regular Diet
- Encourage ambulation
- Vital Signs q8h, I&O shift, weight daily, surgical incision care, bowel assessment

**Ibuprofen** 600mg PO q6H ATC
- Lactation consultation
- Lactation Consultation
- Ambulation 3x a day
- Regular Diet
- Confirm ride home and discharge time for POD#3

**Cholecystitis 5-10mg q3h PRN moderate pain, hydrochloric acid 0.2-0.6mg IV q3h PRN severe pain.
- hydrochloric acid PCA if used by POD#1 Noon
- Continue POD0 bowel regimen
- DVT PPx: SCDs when in bed. Continue POD#0 DVT PPx plan
- Labs: CBC
- Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.
- Labs: only if indicated

**Tdap, flu shot prior to discharge**
- Interstitial catheter care.
- Notify Peds if circumcision desired
- Document baby PCP (if high risk (hx VTE, thrombophilia, C-hys, transfused > RBC, >2 uterotonics given, GA, IR embolization, ICU, BMI>40, surgical time>2hr) to continue until fully ambulating

### Floor POD 2

**Acetaminophen** 1000mg PO q8H ATC
- Vital Signs q8h, I&O shift, weight daily, surgical incision care, bowel assessment
- Ambulation 3x a day
- Regular Diet
- Encourage ambulation
- Vital Signs q8h, I&O shift, weight daily, surgical incision care, bowel assessment

**Ibuprofen** 600mg PO q6H ATC
- Lactation consultation
- Lactation Consultation
- Ambulation 3x a day
- Regular Diet
- Confirm ride home and discharge time for POD#3

**Cholecystitis 5-10mg q3h PRN moderate pain, hydrochloric acid 0.2-0.6mg IV q3h PRN severe pain.
- hydrochloric acid PCA if used by POD#1 Noon
- Continue POD0 bowel regimen and DVT PPx plan
- Tdap, flu shot prior to discharge
- Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.
- Labs: only if indicated

**Tdap, flu shot prior to discharge**
- Interstitial catheter care.
- Notify Peds if circumcision desired
- Document baby PCP (if high risk (hx VTE, thrombophilia, C-hys, transfused > RBC, >2 uterotonics given, GA, IR embolization, ICU, BMI>40, surgical time>2hr) to continue until fully ambulating

### Floor POD 3

**Acetaminophen** 1000mg PO q8H ATC
- Vital Signs q8h, I&O shift, weight daily, surgical incision care, bowel assessment
- Ambulation 3x a day
- Regular Diet
- Confirm ride home and discharge time for POD#3

**Ibuprofen** 600mg PO q6H ATC
- Lactation consultation
- Lactation Consultation
- Ambulation 3x a day
- Regular Diet
- Confirm ride home and discharge time for POD#3

**Cholecystitis 5-10mg q3h PRN moderate pain, hydrochloric acid 0.2-0.6mg IV q3h PRN severe pain.
- hydrochloric acid PCA if used by POD#1 Noon
- Continue POD0 bowel regimen and DVT PPx plan
- Goal discharge ready by noon
- Confirm peds follow-up visit
- Confirm pads follow-up visit and discharge time for POD#3

**Tdap, flu shot prior to discharge**
- Interstitial catheter care.
- Notify Peds if circumcision desired
- Document baby PCP (if high risk (hx VTE, thrombophilia, C-hys, transfused > RBC, >2 uterotonics given, GA, IR embolization, ICU, BMI>40, surgical time>2hr) to continue until fully ambulating

** Evaluate wound. Assess pain control. If pain not well controlled, consult Anesthesia.**
- Pain assessment
- Vital Signs q8h, I&O shift, weight daily, surgical incision care, bowel assessment
- Ambulation 3x a day
- Regular Diet
- Confirm ride home and discharge time for POD#3

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### Post-Discharge

** Evaluate wound. Assess pain control.**
- Pain assessment
- Vital Signs q8h, I&O shift, weight daily, surgical incision care, bowel assessment
- Ambulation 3x a day
- Regular Diet
- Confirm ride home and discharge time for POD#3

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### Reduce narcotics

- Decrease narcotics slowly. No driving while on narcotics.