Preoperative



NPO Guidelines

Will's favorite section. Example text followed by a list. Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem ipsum has been the industryc's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book.

- Example text added by Alex in March
- Stop full liquids 8 hrs prior to surgery
- Stop water 2 hrs prior to surgery
- Consider allowing breast patients who arrive early to pre-op for lympho or mammography to drink water until 2 hrs prior to surgery



Labs

- · Example text in bulleted form.
- b-HCG for females patients under 66.
- Lorem ipsum dolor sit amet, consectetur adipiscing.
- Sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
- Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.



Cardiac considerations

- · Example text in bulleted form.
- b-HCG for females patients under 66.
- Lorem ipsum dolor sit amet, consectetur adipiscing.
- Sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
- Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.



Pain Medications

Non-opioid analgesia adjuncts to consider:

Example text in bulleted form.

Intraoperative



PONV Prophylaxis Medications

Sed do eiusmod tempor incididunt ut labore et dolore magna aliqua:

- Sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
- Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.



Monitors

- Standard monitors plus SEDline EEG for TIVA cases
- Recommend core temperature monitoring for cases >4 hrs
- Tetragraph TOF for cases utilizing paralytics



Additional Medications

- Ketamine: 0.5mg/kg bolus +/- 2-5mcg/kg/min
- Dexmedetomidine: consider bolus and/or infusion
- IV acetaminophen: if acetaminophen not given in pre-op or >6 hours from pre-op dose
- Ketorolac 10-30mg: if Celecoxib not given in pre-op and when surgeons approve
- · Bold example text selection:
- Consider methadone 0.1-0.2mg/kg for flaps
- Italic example text to choice from



Monitors

- Standard monitors plus SEDline EEG for TIVA cases
- Recommend core temperature monitoring for cases >4 hrs
- Tetragraph TOF for cases utilizing paralytics

Postoperative



Additional Medications

Non-opioid adjuncts to consider. Sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat:

- Ketamine: 0.5mg/kg bolus +/- 2-5mcg/kg/min
- Dexmedetomidine: consider bolus and/or infusion
- IV acetaminophen: if acetaminophen not given in pre-op or >6 hours from pre-op dose
- Ketorolac 10-30mg: if Celecoxib not given in pre-op and when surgeons approve

Bold example text selection:

Consider methadone 0.1-0.2mg/kg for flaps

Italic example text to choice from:

- Dexamethasone 0.1mg/kg IV prior to incision
- Ondansetron 4mg IV
- Haloperidol 0.5-1mg or droperidol 0.625-2.5mg (assess QTc)



Post-op Analgesia

- Fentanyl +/- hydromorphone IV PRN: decrease doses in setting of OSA or respiratory compromise
- Oxycodone PO

