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| **STONYBROOK UNIVERSITY MEDICAL CENTER ENHANCED RECOVERY QUALITY CONTROL PROTOCOL** | | | | |
| Surgeon’s Office | | | | |
| Patient is instructed to consume carbohydrate beverage (except patients with Diabetes) | | | | |
| Patient is instructed to perform simple physical exercise at home, 20 min daily | | | | |
| Patient is instructed on how to use spirometry postoperatively and encouraged to use preoperatively as well | | | | |
| **Home** | | | | |
| Physical exercise for 20 minutes daily | | | | |
| Drink carbohydrate beverage 2 hours prior to leaving for the hospital | | | | |
| **PreSurgical Area** | | | | |
| Fingerstick (if over 350 - cancel surgery, if between 200 and 350, give insulin, recheck and reassess) | | | | |
| No pre medication unless extreme anxiety | | | | |
| IV Acetaminophen 1000 mg | | | | |
| PO Celecoxib 400 mg | | | | |
| Gabapentin 800 mg (reduce for renal dysfunction, hold if mental impairment) | | | | |
| **BLOCKS** *(Acute Pain Team)*  A) Epidural Analgesia (preop) if open laparotomy, or ANY patient on chronic opioids with high opioid tolerance  1. If unable to place epidural, consider options (B) or (C)  B) TAP Blocks (postop) for hand assisted, robotic, or laparoscopic  C) TAP Catheters (postop) for conversions to open | | | | |
| **Intraoperative** | | | | |
| PONV prophylaxis: scopolamine patch preoperatively, dexamethasone 4 mg at induction and ondansetron 4 mg at the end of the procedure | | | | |
| Avoid opioids if epidural in place (Suggested epi regimen: 0.25% Bupivacaine @ 4-8 ml/hr., 0.3 – 0.8 mg hydromorphone upfront), Celecoxib 200 mg BID | | | | |
| Goal Directed Fluid Therapy (GDFT): LR infusion 3ml/kg/hour based on ideal body weight, GDFT using a CO monitor (Cheetah)  If clinical signs of hypovolemia, look at SVI. If SVI < 10% of baseline, give 250 ml bolus of crystalloid over 5 min. If >10% increase, then patient is fluid responsive. Give additional fluid. If patient SVI increases by < 10% patient does not require a further bolus, consider phenylephrine/ephedrine bolus or infusion. | | | | |
| **Postoperative Hospital Stay** | | | | |
| **0** | | | **1** | **2+** |
| Diet | NPO; Chewing Gum | Clears | | Advance Diet as Tolerating |
| Glucose Monitoring | Finger Stick Q4hrs, Medium Scale | Finger Stick as indicated | | Finger Stick as indicated |
| IV Fluids | Maintenance | 1/2 Maintenance | | Lock Fluids |
| Pain Medication (standing) | IV Acetaminophen 1000mg  Gabapentin 300mg TID  Celecoxib 200mg BID | IV Acetaminophen 1000mg  Gabapentin 300mg TID  Celecoxib 200mg BID | | Tylenol PO 975 mg |
| Pain Medication (PRN) | IV Morphine 2mg - Breakthrough | IV Morphine 2mg - Breakthrough | | Oxycodone |
| Nausea | Ondansetron/Promethazine | Ondansetron/Promethazine | | Ondansetron/Promethazine |
| Activity | Edge of Bed 20min X2 | OOB to Chair, Ambulate X3 | | OOB to Chair, in bed for sleep only, Ambulate X5 |
| DVT Prophylaxis | SubQ Heparin Q8H | SubQ Heparin Q8H | | SubQ Heparin Q8H |
| Antibiotics | | 24hours unless indicated otherwise | |  |
| **Post Discharge** | | | | |
| Continue diet, adequate hydration - 2L per day | | | | |
| Activity 20 min X3 per day | | | | |
| Oral Pain Medications, Minimize Narcotic Use | | | | |