# OPEN DISTAL CLINICAL PATHWAY 1/2

**Updated 05/09/17**

## Pre-Surgery

- **Surgery Clinic RN:** Discuss Care Map with Patients & Set Expectations (5 day hospitalization) with stress on mobility after surgery, progression each day, and benefits of moving.
- **Prehab:** Encourage walking an extra mile a day.
- **Surgery Clinic RN:** Order Tumor Markers (CEA and CA-19).
- **Surgery Clinic RN:** Administer IMPACT Advanced Recovery supplement and provide patient education (during New Patient Clinic visit) - 3/4 days for 5 days prior to surgery.

## Day before Surgery

- Chlorhexidine shower.
- Pre-op carbohydrate loading: Gatorade (any flavor) at least 12 oz., and up to 20 oz. night before surgery.
- No food after midnight; Clear liquids as instructed.

## Day 0: Pre-op

- Chlorhexidine shower.
- At least 12 oz., and up to 20 oz. of Gatorade before coming to hospital.
- All Pancreatectomy patients – Get baseline blood glucose in pre-op and communicate value to Anesthesia team.

## Intra-operative Milestones

- **Day 0: Intraop in OR**
  - Kefzol prior to incision (Vanc + Cipro if Ceph allergy).
  - Heparin 5000 SC + SCD.
  - Foley placed during operation.
  - Pain: Thoracic Epidural aimed at upper level of incision (tested with 3ml 1.5% Lidocaine w/ Epi 1:200K).
  - Acetaminophen 1 gm IV.

- **Fluids during induction period:** aim for MAP within 20% of baseline but minimize aggressive bolus augmenting with pressors as needed.
- **Get a blood glucose after induction if diabetic or near total pancreatectomy and initiate appropriate glucose control.**

## PACU

- Continue epidural infusion.
- For breakthrough pain start with adjustments in the IV PCEA.
- Obtain blood glucose and manage appropriately (PACU standards of care).
- Fluid: LR at 1 ml/kg/hr.
- Target urine output of 0.3-0.5 ml/kg/hr. (estimated goal, PACU standards of care).

### Exceptions

- **PONV options:** Zofran 4mg IV, Dexamethasone 4 mg IV, Haldol 1 mg IV, Scopolamine patch 1.5 mg.
- **If Blood loss replace with colloid (ml for ml) (see addendum).**
- **If Hypotensive, 3 ml/kg of LR over 20 min and reassess.**
- **If delay in getting floor bed from PACU, begin post-op orders once patient meets PACU discharge criteria.**

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*Stanford Medicine*
# OPEN DISTAL CLINICAL PATHWAY 2/2

## Inpatient post-operative care: Floor (E3) Target LOS = 5 days

<table>
<thead>
<tr>
<th>POD</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Transfer to E3</td>
</tr>
<tr>
<td>1</td>
<td>Labs (CBC, CMP) only if prolonged operation or blood loss or high risk pt.</td>
</tr>
<tr>
<td>2</td>
<td>Labs only if needed, hypotension, arrhythmia, tachycardia or borderline urine output</td>
</tr>
<tr>
<td>3</td>
<td>Obtain labs PRN and daily weight</td>
</tr>
<tr>
<td>4</td>
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</tr>
<tr>
<td>5</td>
<td>Daily weight</td>
</tr>
</tbody>
</table>

### POD 0
- Labs (CBC, CMP) only if prolonged operation or blood loss or high risk pt.
- DVT: Heparin 5000 SC BID and SCD
- Pepcid 20 mg IV BID
- Acetaminophen 650 mg PO q6hr
- Terazosin 1 mg for patients at risk of retention
- FSBG q6hr and ISS PRN
- Sit in chair or dangle at bedside at least 1x

### POD 1
- Labs (CBC, CMP)
- Daily weight
- IVF: D5 ½ @ 75
- Clear liquids 200 cc/shift
- Restart home meds with sips
- Walk at least 4 laps around nursing unit
- Goal: Out of bed to chair in AM. Up in chair 3-5x/day. OOB every 6hr/day

### POD 2
- Acetaminophen 1 gm PO q6 on ongoing basis
- Ketorolac 15mg q6hr x 72 hr. if needed and appropriate based on renal function (PRN)
- Remove Foley catheter (resident to submit order for discontinuation)
- Clear liquids 200 cc/shift + IMPACT TID
- IVF: D5 ½ @ 50
- Endocrine consult if FSBG elevated
- Diabetes Education consult if needed (place separate order)
- OOB 6hrs/day. Walk 3-4 times in the hall. Walk at least 8 laps around nursing unit

### POD 3
- labs only if needed, hypotension, arrhythmia, tachycardia or borderline urine output
- Remove Foley catheter (resident to submit order for discontinuation)
- Clear liquids 200 cc/shift + IMPACT TID
- IVF: TKO
- Full liquids + IMPACT TID
- Remove epidural
- Change from Pepcid IV to Protonix PO
- Oxycodone PO

### POD 4
- Obtain labs PRN and daily weight
- Post Surgical 1 diet
- Walking at least 16 laps around nursing unit
- Cleared for discharge by OT/PT. DME equipment ordered as needed.
- Enoxaparin teaching, if ordered
- JP drain teaching if required
- Ibuprofen 600 mg PO q6hr on ongoing basis if nl renal fxn

### POD 5
- Daily weight
- Diet of patient’s choice
- Walking at least 18 laps around nursing unit
- Confirm home services and equipment
- Enoxaparin Rx for 28 days from discharge if indicated (dosage 40 mg daily) once/day
- Early Discharge (by 11 am)

### Post-discharge: Outpatient self-care
- F/u appt with HPB APP 1 wk. from discharge
- Surg Onc/HPB clinic f/u appt 3 weeks from discharge
- Endocrinology outpatient appt if indicated 2 weeks from discharge
- Activity, Ambulation and movement. Walk at least a mile a day.
- Discharge teaching: what signs to look for and who to call