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Troy Beaumont – ERAS protocol: Gynecology/Oncology, 9/10/18

**STTAR Clinic**

* Surgeon provides patient with educational booklet in the office and encourages patient to attend pre-op STTAR (Surgical Testing Accelerated Recovery & Teaching) clinic
* Case will be boarded with “ERAS” in case notes
* Registrar to schedule phone screening & STTAR Clinic appointments within 48 hours of boarding – goal for phone screening 3-4 weeks pre-op & STTAR Clinic 2-3 weeks pre-op.
* Patients who attend STTAR clinic will be educated to: start/increase physical activity, use incentive spirometer, reduce stress & anxiety, drink Impact (3x daily for 5 days preceding surgery), & drink pre-op Ensure Pre-Surgery 2 hours before arrival time.
* Patients at STTAR clinic will have labs drawn (CBC with diff, CMP, Type & Screen, Hgb A1C), surgical H&P completed, fill prescriptions, pre-op ERAS order set initiated & offered hospital tour
* Surgeon to be notified if pre-op Hgb A1C >8, Hgb < 10.0, total protein < 5.0, and or albumin < 3.5.
* Patients should change to another form of contraception & OCP should be d/c’d 4 weeks prior to surgery.
* Smoking and alcohol should be avoided at least 4 weeks prior to surgery
* Iron therapy is the preferred line of treatment for iron deficiency anemia
* Patients instructed to shower with CHG 3 times prior to surgery on 2 nights before surgery, 1 night before surgery, and morning of surgery
* Patient to perform standardized mechanical bowel prep and standardized oral antibiotic bowel prep as instructed by surgeon.

**Pre-op**

* Start 2 IVS (for Gyn Onc & robot cases) in pre-op & place 1 on pump; heplock 2nd
* Start IV on pump to run at 3 cc/kg/hr
* Neurontin 300mg PO (hold if patient is over 70 years or pre-existing confusion/sedation or renal failure)
* Acetaminophen 1000 mg po in pre-op
* Heparin 5000 units subcutaneously & SCDs to be placed in pre-op
* Avoid/limit pre-surgical narcotics & benzodiazepines
* Pre-op Labs: Na/K *(if patient did bowel prep),* Type & Screen (unless banded within 72 hours of surgery)
* Draw blood sugar on patients who have a HgA1C >6
* Thoracic epidurals on all scheduled open cases
* Hair clipping is preferred
* Pre-warming with a blanket warmer preferred

**Intra-op**

* Lidocaine bolus 1.5mg/kg with induction followed by infusion at 2 mg/min <70 kg or 3 mg/min 70 kg and above until emergence (for open cases without epidural)
* Use sevoflurane for the duration of the case
* Ketamine 0.25mg/kg IVP at or just after induction. Maximum dose 50 mg.
* Administer intraop narcotics as indicated by patient vital signs
* Use 250cc 5% albumin (Albutein) if fluid replacement is needed (for open cases)
* NG tubes should be avoided/removed prior to end of case if needed
* Surgeon use local anesthetic at surgical site if appropriate
* Maintain IV fluids on a pump at 3 cc/kg/hr. Maximum rate is 300 cc/hr.
* Monitor blood sugar if HgA1C >6.0 in pre-op or FBS >200
* Toradol 30mg IV to be given at end of case (15 mg if patient >70 years old) – per surgeon preference
* Zofran 4mg at end of case
* Give antiemetics per risk factors (female, non-smoker, surgery type, previous N/V)
  + 4 Primary Risk Factors for PONV
    - Female
    - Non-smoker
    - History of motion sickness/PONV
    - Opiods
* Score 1 for each applicable risk factor
  + 0-1 risk factors: Ondansetron 4mg 15min prior to the end of case
  + 2 risk factors: Dexamethasone 4mg IV with induction
  + 3 risk factors: Scopolamine patch prior to surgery OR Phenergan 12.5mg OR Benadryl 25mg OR Droperidol 0.625 OR Reglan 10mg
  + 4 risk factors: Add from the list above
* ~~Ofirmev 1 gram IV, to be given in OR/PACU, if pt is NPO 6 hours after pre-op oral dose was given~~

**Post-op**

* Identify
  + Physician to Nurse order to indicate this is an ERAS patient
* Medications
  + Toradol 15mg q 6hrs x 72 hours (max 12 doses -1st dose given in OR) – per surgeon preference
  + Acetaminophen 1000mg po every 6 hours for 1st 24 hrs (First dose IV in OR, do not exceed 4000mg in 24 hours)
  + Neurontin 300mg every 8 hours for 72 hours. (hold if patient >70, renal failure or altered mental state ex. Dementia)
  + Norco 5/325 mg 1 tab, q4 hours prn moderate pain
  + Dilaudid 0.5 mg q4 IVP q4 hours prn severe breakthrough pain
  + Zofran 4 mg IVP q6 hours prn nausea, contact surgeon with refractory N/V
* Diet
  + Patient to advance to regular diet on DOS
    - *If surgery involved the bowel 🡪 clear liquid diet on DOS to advance per surgeon preference*
  + Patients tolerating 2 solid meals will be saline locked
  + Patient to chew gum 20 min 3 times daily in chair/while sitting upright if not contraindicated (implants, sedated)
* Activity
  + Patient gets out of bed on evening of surgery
  + Patient to sit in chair 6 to 8 hours/day beginning POD 1
  + Patient to walk for 80 minutes/day beginning POD 1
  + Remove Foley POD 1
  + Patient to complete limb/breathing exercises 10 times/hour when awake
  + Physical Therapy consult for patients with weakness/instability or patients >70
* Labs
  + Check blood sugar if HgA1C >6 POD1 and 2

**Discharge/Home**

* Patient discharged home using ERAS discharge instructions
* Patient receives discharge phone call from floor nurse