Post-Op Orders:

1) IVF: LR 75cc/hours
2) Pain: Epidural + Tylenol 1000mg IV q6 hours x4 doses
3) Steroid taper if any steroids within the last 6 months with hydrocortisone
4) Labs in PACU and POD#1
5) SQH
6) KUB for stents
7) Remove NGT in the PACU
8) Ambulate the night of surgery
9) I/S every 2 hours and head of bed at 30 degrees
10) Medication orders
   a. Tylenol 1000mg IV q6 hours x4 doses then tylenol 975mg q8 hours standing
   b. No stool softeners
   c. No hypoglycemic
   d. Magnesium oxide 400mg po qd
   e. Alvimpoan 12mg BID x7 days

POD#1:

1) Diet: Sips
2) IVF: Maintenance 10-50cc/hour
3) Pain: Epidural, Alvimpoan 12mg PO BID until flatus, Tylenol IV then 975mg PO q8 hours after 4 doses of the IV Tylenol
4) No stool softeners
5) All home meds except hypoglycemic
6) Mag-Oxide 400mg daily
7) Labs
8) OOB 5x/day
9) Chewing gum (1 stick TID)
10) Consult Ave
11) Start assessing discharge needs

POD#2:

1) Diet: Limited clears if not distended and no nausea until flatus
2) IVF: Maintenance 10-50cc/hour
3) Pain: Epidural assessed for possible removal, oral Tylenol, Alvimpoan if no flatus, Toradol 15 q6 x48 hours once epidural capped
4) All PO meds and resume all home meds as appropriate
5) No Labs
6) OOB, Chewing gum

POD#3:

1) Diet: Full clears with flatus and advance as tolerated after 24 hours of clears
2) Obtain labs
3) Pain: Epidural out by POD#3 and start toradol 15mg q6 hours x48 hours if Cr ok.
4) Monitor discharge needs

POD#4-7
1) Diet: Advance by giving full clears for 24 hours once flatus then reg after 24 hours
2) Pain: Toradol 15mg q6 x48hours once epidural capped, continue oral Tylenol
3) Cont OOB and assess for discharge
4) Consider discharge if KVO, pain controlled, no distention/belching/hiccups/emesis, passing flatus, tolerating regular diet for 24 hours

Discharge:
Meds: Tylenol 975mg po q8hrs x1 week, Motrin 800mg TID, Oxycodone 5 q4-6hr prn pain

| PACU | • VS per PACU protocol  
|      | • LR at 40 cc/hr (unless pt aspiration risk and NPO then 75 cc/hr)  
|      | • Tylenol 1000mg IV Q6 hrs ATC – total of 4 doses, then changed to oral  
|      | • Prophylactic antibiotics ARE NOT CONTINUED, unless specific therapeutic indication  
|      | • Steroid Taper- hydrocortisone if steroid within the last 6 months.  
|      | • Remove NGT |

| POD#1 | • Heparin 5000 units sq Q8hr  
|       | • SCDs daily  
|       | • Ice-chip/sips  
|       | • Maintenance IVF 10-50cc/hr  
|       | • Alvimpoan 12 mg PO BID until flatus (maximum 7 day; 15 inpatient doses) (Pending pharmacy approval)  
|       | • Oral Acetaminophen to 975mg po Q8 hrs ATC  
|       | • No stool softeners  
|       | • Home medications (particularly antihypertensives) with exception of hypoglycemic  
|       | • Magnesium oxide 400mg PO daily  
|       | • CBC, BMP, then QOD unless otherwise indicated  
|       | • OOB, ambulate 5 x day  
|       | • Chewing gum 1 stick TID  
|       | • Discharge planning to assess barriers  
|       | • PT/OT consult  
|       | • Activity: Ambulation begins night of surgery or next morning, Head of bed at 30 degrees at all times  
|       | • incentive spirometry q2 hours  
|       | • Nursing: JP to suction, foley/pelvic drain to gravity to gravity, SCDs,  
|       | • VS q2h x 4 hours and then q4h, UOP q4h,  
|       | • Consult ostomy if new stoma |

| POD #2 | • Heparin 5000 units sq Q8hr  
|        | • SCDs daily  
|        | • Limited clear liquids if not distended and no nausea until flatus  
|        | • Tylenol 975mg PO Q8 hr ATC  
|        | • If Epidural was placed Assess for Removal at 48 and then 72 hours POST-OP  
|        | • Ketorolac 15 mg Q6hr x 48 hours when PCEA capped if adequate renal function and minimal bleeding concern  
|        | • OOB at least 4-6 hours  
|        | • Ambulate 5x day  
|        | • All medications to PO, resume all home medications not already started as appropriate |

| POD #3 | • Heparin 5000 units sq Q8hr  
|        | • SCDs daily  
|        | • Full clear liquids with flatus, advance as tolerated after 24 hours  
|        | • CBC, BMP (avoid routine labs, if planning for D/C today) |
Protocol specific outcome measures:
1. Time to first flatus
2. Narcotic usage
3. Time to first bowel movement
4. Time to discharge
5. Readmission rate
6. Pain scores/pt satisfaction
7. Compliance with protocol (pt and staff)
8. NSQIP-type measures (complications, SSI)

<table>
<thead>
<tr>
<th>P0D #4-7</th>
<th>• Assess discharge needs/placement</th>
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<tbody>
<tr>
<td></td>
<td>• Heparin 5000 units q8hr</td>
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<tr>
<td></td>
<td>• SCDs daily</td>
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<td></td>
<td>• Advance diet per POD#3 protocol</td>
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<td>• Assess for suitability for discharge</td>
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<td><strong>Consider DC if:</strong></td>
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<td></td>
<td>• KVO</td>
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<td>• Pain well controlled</td>
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<td></td>
<td>• No abdominal distention, belching or hiccuping or emesis</td>
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<td></td>
<td>• Passing flatus</td>
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<td>• Tolerating regular diet for 24 hours</td>
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<td></td>
<td>• Ambulating and hydrating</td>
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<td><strong>Discharge planning</strong></td>
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<td>• Make follow up appointment prior to DC</td>
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<td></td>
<td>• DISCHARGE MEDS</td>
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<tr>
<td></td>
<td>Tylenol 975 mg po q8hr ATC</td>
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<td>Motrin 800mg po TID</td>
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<td>Oxycodone 5mg Q4-6 hr prn (DC meds in reverse order)</td>
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<tr>
<td>Discharge</td>
<td>• Medications: acetaminophen 975mg q8 for one week, oxycodone 5mg q4h PRN, anticoagulation or steroid taper if applicable</td>
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<td>• Staples out on POD7-9in clinic (remain if dehiscence or obese or poor wound healing)</td>
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<td>• Make FU 3-4 weeks;</td>
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