Colectomy Clinical Care Pathway

<table>
<thead>
<tr>
<th>Prior to DOS</th>
<th>Discuss Care Map with Patients &amp; Set Expectations</th>
<th>Strong for Surgery, 6 days prior</th>
<th>Movi Prep and Oral Abx at home, 1 day prior</th>
<th>Patient drinks 8 oz of apple juice b/f midnight, 1 day prior</th>
<th>No food after midnight; Clear liquids as instructed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 0: Pre-Op</td>
<td>8oz of apple juice 2 hours before surgery</td>
<td>Get Baseline Glucose</td>
<td>Entereg: Alvimopan 12 mg po q12h until first B.M.*</td>
<td>Heparin</td>
<td>Fluids: If IV in place, LR at 50 ml/hr</td>
</tr>
<tr>
<td>Day 0: Intra-Op in OR</td>
<td>Fluid: Induction period: 7 ml/kg of LR over 30 min</td>
<td>Fluid: During surgery: 5 ml/kg/hr of LR. Target a urine output of 0.3-0.5 ml/kg/hr</td>
<td>** In case of blood loss or hypotension, see below</td>
<td>** In case of hypotension, see guidelines below</td>
<td>Pain: 1/16% Bupivicaine plus Fentanyl 2 micrograms/ml infused at 10 ml/hr started ASAP after anesthesia induction.</td>
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<tr>
<td>Day 0: Intra-Op in OR</td>
<td>IV Abx in OR</td>
<td>Get a Glucose</td>
<td>OG Tube (If use tube, must remove at end of case)</td>
<td></td>
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<tr>
<td>Day 0: PACU</td>
<td>Get a Glucose</td>
<td>Fluid: LR at 1 ml/kg/hr</td>
<td>Target urine output of 0.3-0.5 ml/kg/hr</td>
<td>** In case of hypotension, see guidelines below</td>
<td>Pain: Changed to PCEA with 6 ml/hr infusion</td>
</tr>
</tbody>
</table>

*Unless chronic opioid user

**If Blood loss (ml for ml), replace with colloid (5% albumin). If Hypotensive, treat with phenylephrine up to 0.8 mcg/kg/min or norepinephrine up to 0.04 mcg/kg/min. For hypotension not responsive to the suggested dose of vasopressor (only use one), administer 3 ml/kg of LR over 20 min and reassess.

***If BP low or marginal or pressors ongoing talk with surgeons about ketorolac (vs bleeding versus nephrotoxic risks)
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Floor (4NE) Target LOS = 3 to 4 days

**Day 0**
- Mobility: Edge of bed after last set of post-op VS (usually 6 hours) with orthostatic VS
- Incentive Spirometer 10x/hr while awake until discharge
- Sequential Compression Device on, unless ambulating, until discharge
- Alvimopan continued
- Heparin 5000 units SQ Q8h

**Day 1**
- PT visit on Day 1, latest
- Mobility: OOB for all meals. Walk 3-4 times in the hall – Goal 9 laps. OOB 6 hr/day
- Diet: If patient has No Nausea, No Distention, No Belching/Hiccups, then Clear Liquid Diet x 24 hrs
- 3 x Ensure at 9 am, 3 pm, 6 pm on POD 1
- Fluids: LR at 1 ml/kg/hr. Cease IV fluids asap. Aim for early oral fluid intake
- Pain, PCEA and acetaminophen PO. Start ibuprofen 600 mg po q6h or ketorolac 15 mg q6h IV in NPO
- Labs x 1
- Remove Foley Day 1

**Day 2**
- Mobility: OOB for all meals. Walk 3-4 times in the hall – Goal 18 laps. OOB 6 hrs/day until discharge
- Diet: If CLD tolerated, give Low Residue Diet x 24 hrs
- Pain: If tolerating Low Res Diet, Epidural stopped and oxycodone started in a.m.
- D/C Alvimopan
- Pharmacy consult for Lovenox

**Day 3 or 4**
- If colon in continuity, Stool Softener docusate 100mg PO BID (NOT Senna)
- Oral Pain Med
- Lovenox for 28 days from discharge, once/day
- Med Rec on Day before Discharge
- Discharge Home. Follow-up in 2 weeks

Last Updated: 1/30/15