**Code Status**

* Full Resuscitation
* Resuscitation Orders
* AICD Deactivation

**Consults**

* ADVISORY: Consider social work consult for patient over 75 years
* Physician Consult
* Case Management Consult
  + Enhanced Recovery Patient for home care needs
* Social Work Consult
  + Routine, enhanced recovery patient
* Wound Ostomy Continence Consult

**Patient Care**

Activity

* Activity – up to chair
  + With assistance, day of surgery. Keep up in chair at least 2 hours
* Ambulate
  + 5x per day, with assistance, starting POD1

Assessments

* Intake and Output, per guideline
* Cardiac Monitoring, continuous
* Weight daily

Interventions

* Incentive Spirometry
* Cough and Deep Breathe
* Foley Catheter
  + Continue to dependent drainage, routine
  + Discontinue urinary catheter at 6am POD1
* Bladder Scan
  + As needed for Post Void Residuals, inability to void with discomfort
* Drain Management, per guideline
* Communication Order Patient Care
  + Leave incision open to air
* Straight Catheterization
  + As needed for bladder scan greater than 350ml

Contingencies

* Notify Physician for:
  + Temperature greater than 38.3C/101F
  + HR greater than 120 or less than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocols

* Protocol Initiate When Needed
* Hypoglycemia – non-pregnant, initiate protocol
* AMI/ACS Blood Glucose Management, initiate protocol
* Diabetes NPO After Midnight, initiate protocol
* Protocol Urgent Measures Initiate When Needed
* Protocol Clinical Nutrition Initiate When Needed
* Protocol Social Work Case Mgmt Initiate when needed
  + For social work-case mgmt. Chest X-ray ECF Placement

**Diet**

* Clear liquid diet
* Nutritional Supplements
  + Breakfast, Dinner, Lunch – High protein lactose-free supplement
* Communication order patient care
  + Nursing to advance diet as tolerated from clear to postop \_\_\_\_\_\_\_\_\_\_\_

**Primary Infusions**

* IV Convert to Saline Lock in Recovery

**Medications**

* Alvimopan – Entereg
* Postop Prophylactic Antibiotics

Cardiac: Beta Blockers

* + ADVISORY: Patients undergoing elective procedures who are at high risk for ischemia should receive a beta blocker preoperatively, postoperatively, and upon hospital discharge if taking beta blocker prior to hospital arrival
  + Beta Blockers for Non Cardiac Surgery

Pain Management/Antipyretics

* Acetaminophen (Tylenol)
  + 1000mg PO, Q6h
* ADVISORY: Ketorolac should not exceed 15mg per dose for patients > 65 years, <50kg, or with CrCl <50mL/minute. Do not use in patient with CrCl <30mL/minute
* Ketorolac (Toradol inj)
  + 15mg IV push, Q6h x 4 Time(s)/Dose(s)
* Ibuprofen
  + 600mg PO w/meals+Bedtime
* Oxycodone
  + 5mg PO Q4h PRN for Pain – Moderate
* Hydromorphone PCA Standard – Dilaudid
* Morphine PCA Standard

Antiemetics

* Ondansetron (injection)
  + 4mg IV Push, Q6h PRN for Nausea/vomiting
* Ondansetron (ODT)
  + 4mg PO, Q8h PRN for Nausea/vomiting

Laxatives

* Docusate (Colace)
  + 100mg PO BID

**Laboratory**

* Basic Metabolic Panel, routine next AM x 1 day
* Magnesium Level, routine next AM x 1 day
* Phosphorus Level, routine next AM x 1 day
* CBC, routine next AM x 1 day
* Glucose POCT Testing

**Therapy**

* Oxygen Therapy
  + Supplemental oxygen titration to maintain saturation greater than \_\_\_\_\_\_\_\_%
* Consider PT referral for patients over 75 years
* PT Evaluation and Treatment
  + Indication, postop enhanced recovery patient