

Abdominal Wall Recon Protocol Audit

Pre-Op Clinic and Day of Surgery Checklist

- History and physical and signed consent form uploaded into IHIS
- Documentation of hernia characteristics and Grade (modified VHWG or Kanters), Cedar Risk Score
- Weight (surgery delayed for BMI >42; suggest weight loss for BMI >40- Provide SUPPORT)
- Required preoperative labs and testing ordered and completed (ECG, albumin, prealbumin, CBC, chem 6, T/C, HA1C; For Chronic wound/ draining infection: add 25 OH Vit D, CRP, Zinc, MRSA Screen) . As needed order HCG, CXR and PFTs
- STOP-BANG Eval
- Smoking and Alcohol Cessation
- Evaluation for OPAC
- Patient education provided/reviewed with the patient
- Pre operative orders placed: **OSU OP PLS: Pre-Op AWRS order set**

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|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| Consult for Inpat Anesthesiology Pain Medicine for epidural placement | Education provided: IS, JP Drain, Anesthesia Pain Mgmt Handout, NPO instructions | Preoperative Nutrition: Oral Carbohydrate Solution (355 c/12oz). One consumed before midnight, One 2 Hours Prior to Surgery | AR nutritional supplement, one bottle twice a day with a high protein and low salt diet. | Daily probiotic PO for 7 days prior to surgery. |
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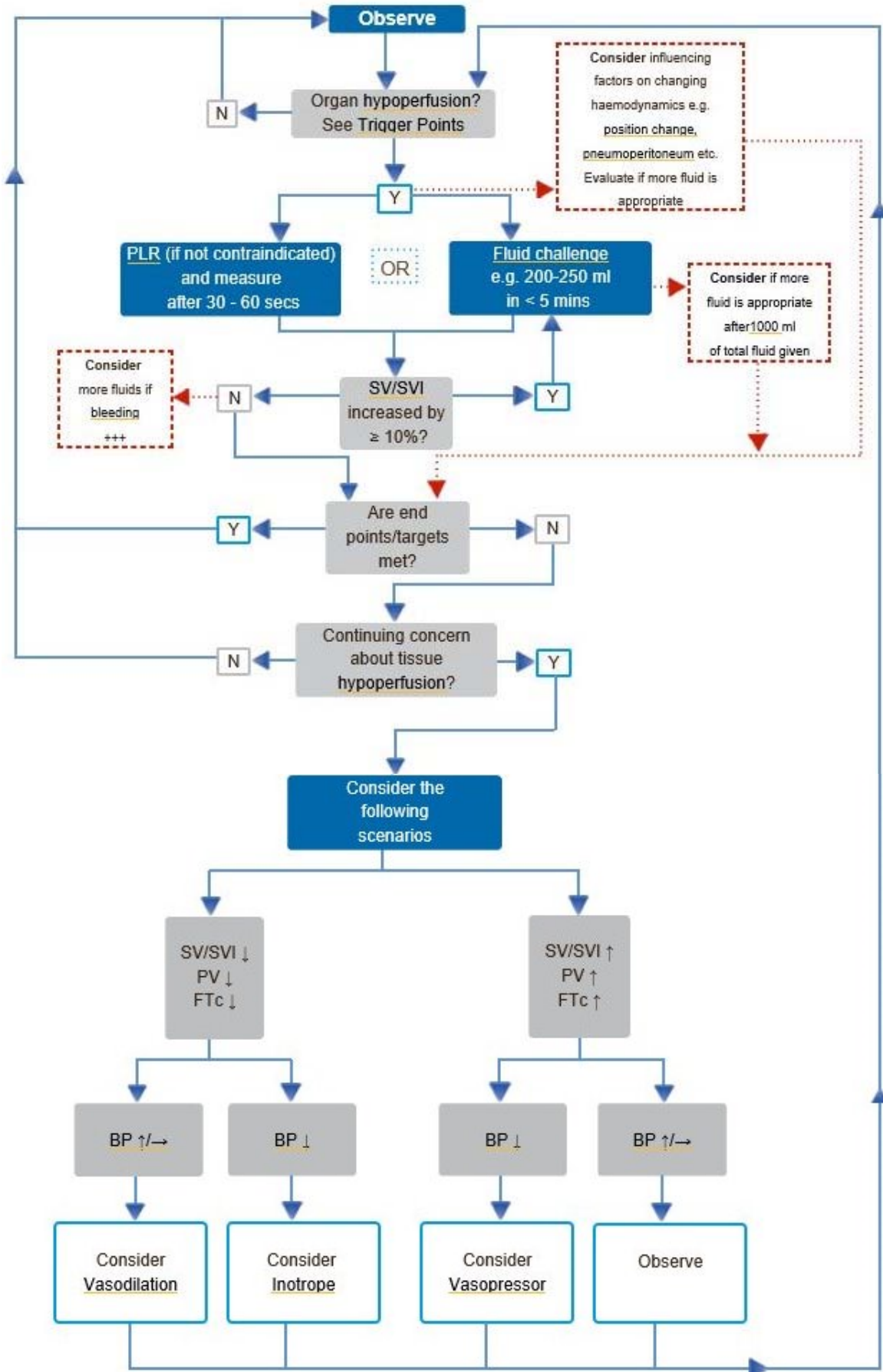
- Pre operative orders placed: **OSU IP PLS: Pre Abdominal Wall Reconstruction Surgery ADS**

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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|
| Gabapentin 300 mg PO, Acetaminophen 975 mg PO, Oxycodone 10 mg PO (order placed for release in pre-op) | Scopolamine Transdermal (order placed for release in pre-op) | For patients w/o CV Hx, gastric ulcers or hepatic/renal dysfunction: Celecoxib 400 mg PO once or Meloxicam 15 mg PO once | Preop Antibiotics ordered | Heparin 5000 U ordered for admin 2 hours after epidural placement |
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Intraoperative Checklist

- Protocol acknowledged at Anesthesia Sign-In./Surgical Time-out.
- Antibiotics administered
- Esophageal Doppler placed (orally or nasally) at start of surgery and goal-directed fluid therapy managed per the attached algorithm (Appendix A). Administered fluids include crystalloid and albumin
- Wait 1 H after PO medications to apply suction to OG if placed
- Administer additional N/V prophylaxis:
 - dexamethasone 4 mg IV at start of case; ondansetron 4 mg IV 30 min prior to emergence
- Heparin given 2 H after neuraxial procedure
- AVOID hydromorphone IV
- Fentanyl will ideally NOT exceed 2-4 mcg/kg for entire surgery.
- Ketamine IV 0.25 mg/kg IV bolus every hour (alternative is to run continuous infusion 0.25 mg/kg/hour)- stop ketamine 1 hour prior to emergence
- Surgeons may perform additional regional blocks in the OR (TAP)
- Follow Wexner Medical Center glucose management guidelines

Esophageal Doppler for Goal-Directed Fluids



Esophageal Doppler for Goal-Directed Fluids

Trigger Points and Concerns

The decision tree was developed to be used in conjunction with flow measurements using the oesophageal Doppler monitor.

A good understanding of cardiovascular physiology is essential, including preload, afterload and contractility. Always ensure optimal focus of the Doppler probe is achieved before analysing the data.

NOTE - These trigger points and concerns:

- Should not be assessed in isolation
- Are not the same as physiological targets
- Are indicative and not absolute
- Are not prioritised

Primary Clinical Indicators

- **Hypotension**: e.g. Systolic < 100 mmHg, MAP < 60-70 mmHg, **or** a clinically significant drop in MAP e.g. 30-40 mmHg from assumed 'normal' or baseline
- **Tachycardia**: e.g. > 90 bpm
- **Oliguria**: < 0.5 mL/kg/hr
- **Low Cardiac Output State**

Flow Indicators

- **Reduced FTc**: < 330 ms, **or** considered low for clinical condition e.g. any high resistant state
- **Low Cardiac Output**: significantly below 'normal' e.g. CO < 4-6 L, CI < 2.5 L/min/m²
- **Low Stroke Volume**: significantly below 'normal' e.g. SV < 50-70 mL, SVI < 30 mL

Postop- PACU Checklist

Use 'Procedure Specific Antiemetics and Analgesics' within the Anes Frequent PACU Orders order set.

▼ PROCEDURE SPECIFIC Antiemetics and Analgesics

- Breast Reconstruction PACU Meds
- CERAS Antiemetics and Analgesics
- ENERGY (Bariatric) Antiemetics and Analgesics

Abdominal Wall Reconstruction Antiemetics and Analgesics

promethazine (PHENERGAN) injection 6.25 mg

6.25 mg, Intravenous, Administer over 5 Minutes, ONCE AS NEEDED, 1 dose starting Today at 1643, Nausea / Vomiting, FIRST Line Agent
Intra-arterial administration is contraindicated; necrosis & gangrene have resulted. Hand, wrist, or foot veins SHOULD BE AVOIDED. Dilute with 20mL normal saline and Recovery, Sign & Hold

metoclopramide (REGLAN) injection 10 mg

10 mg, Intravenous, ONCE, 1 dose Today at 1715
Second line agent
Recovery, Sign & Hold

Oxycodone - for Severe Pain

oxyCODONE (ROXICODONE) tablet 5 mg

5 mg, Oral, EVERY 4 HOURS AS NEEDED starting Today at 1643 Until Discontinued, Severe Pain, FIRST LINE If patient tolerating PO
Use as initial dose. Higher dose may be administered if lower dose did not result in adverse effects (RR<10, decrease in level of consciousness) and was previously documented as ineffective. Recovery, Sign & Hold

Or

oxyCODONE (ROXICODONE) tablet 10 mg

10 mg, Oral, EVERY 4 HOURS AS NEEDED starting Today at 1643 Until Discontinued, Severe Pain, FIRST line, If patient tolerating PO
Higher dose may be administered if lower dose did not result in adverse effects (RR<10, decrease in level of consciousness) and was previously documented as ineffective effects, or no PRN used in previous 4 hours.
Recovery, Sign & Hold

Hydromorphone for Severe Pain (If patient NOT tolerating PO)

HYDROMorphone (DILAUDID) injection 0.2 mg

0.2 mg, Intravenous, EVERY 10 MINUTES AS NEEDED starting Today at 1643 Until Discontinued, Severe Pain, If patient NOT tolerating PO
Use as initial dose. Higher dose may be administered if lower dose did not result in adverse effects (RR<10, decrease in level of consciousness) and was previously documented as ineffective. Recovery, Sign & Hold

Or

HYDROMorphone (DILAUDID) injection 0.5 mg

0.5 mg, Intravenous, EVERY 10 MINUTES AS NEEDED starting Today at 1643 Until Discontinued, Severe Pain, If patient NOT tolerating PO
Higher dose may be administered if lower dose did not result in adverse effects (RR<10, decrease in level of consciousness) and was previously documented as ineffective effects, or no PRN used in previous 30 minutes. May give a total of 4mg in PACU
Recovery, Sign & Hold

Postop- Inpatient Floor Checklist

- AWRS postoperative order placed: **OSU IP PLS: POST Abdominal Wall Reconstruction Surgery PSH/ERAS**
- Sequential compression devices ordered and patient compliant with their use
- Place orders for additional VTE prophylaxis and Isolation if necessary
- Continuous Pulse Ox for 48H
- Nutrition – Clears POD0 and advance as tolerated . NO CARBONATED BEVERAGES
- Activity- Advance as tolerated
- OOB to chair and ambulate on POD0 within 6 hours of surgery
- OOB to chair and ambulate 5 times on POD1
 - OOB 5 times POD1; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Ambulated 5 times POD1; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Foley dc'ed on POD 1
 - MIVF dc'ed on POD1 (125 ml/H)
 - Incentive Spirometry 10 times an hour, encourage deep breathing and coughing

Postop- Inpatient Floor Checklist- continued

- OOB to chair and ambulate 5 times on POD2
 - OOB 5 times POD2; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Ambulated 5 times POD2; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Incentive Spirometry 10 times an hour, encourage deep breathing and coughing
- OOB to chair and ambulate 5 times on POD3
 - OOB 5 times POD3; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Ambulated 5 times POD3; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Incentive Spirometry 10 times an hour, encourage deep breathing and coughing
- OOB to chair and ambulate 5 times on POD4
 - OOB 5 times POD4; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Ambulated 5 times POD4; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Incentive Spirometry 10 times an hour, encourage deep breathing and coughing
- OOB to chair and ambulate 5 times on POD5
 - OOB 5 times POD5; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Ambulated 5 times POD5; 1. _____, 2. _____, 3. _____, 4. _____, 5. _____
 - Incentive Spirometry 10 times an hour, encourage deep breathing and coughing
- Scheduled Medications
 - Scheduled Tylenol (975 mg PO Q8H for 42 doses)
 - Scheduled celecoxib (200 mg PO Q8H for 42 doses)- Avoid in CV disease, gastric ulcers, renal/hepatic dysfunction
 - Scheduled Gabapentin (300 mg PO Q8H for 42 doses)- Avoid in OSA patients
 - Colace 100 mg PO BID
- Break Through Pain Medication:
 - Oxycodone 5-10 mg oral Q4 hours PRN

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| Amount: | | | | | |
| Date: | | | | | |

- Dilaudid 0.5-1 mg IV Q3 hours PRN

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| Amount: | | | | | |
| Date: | | | | | |