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**

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.

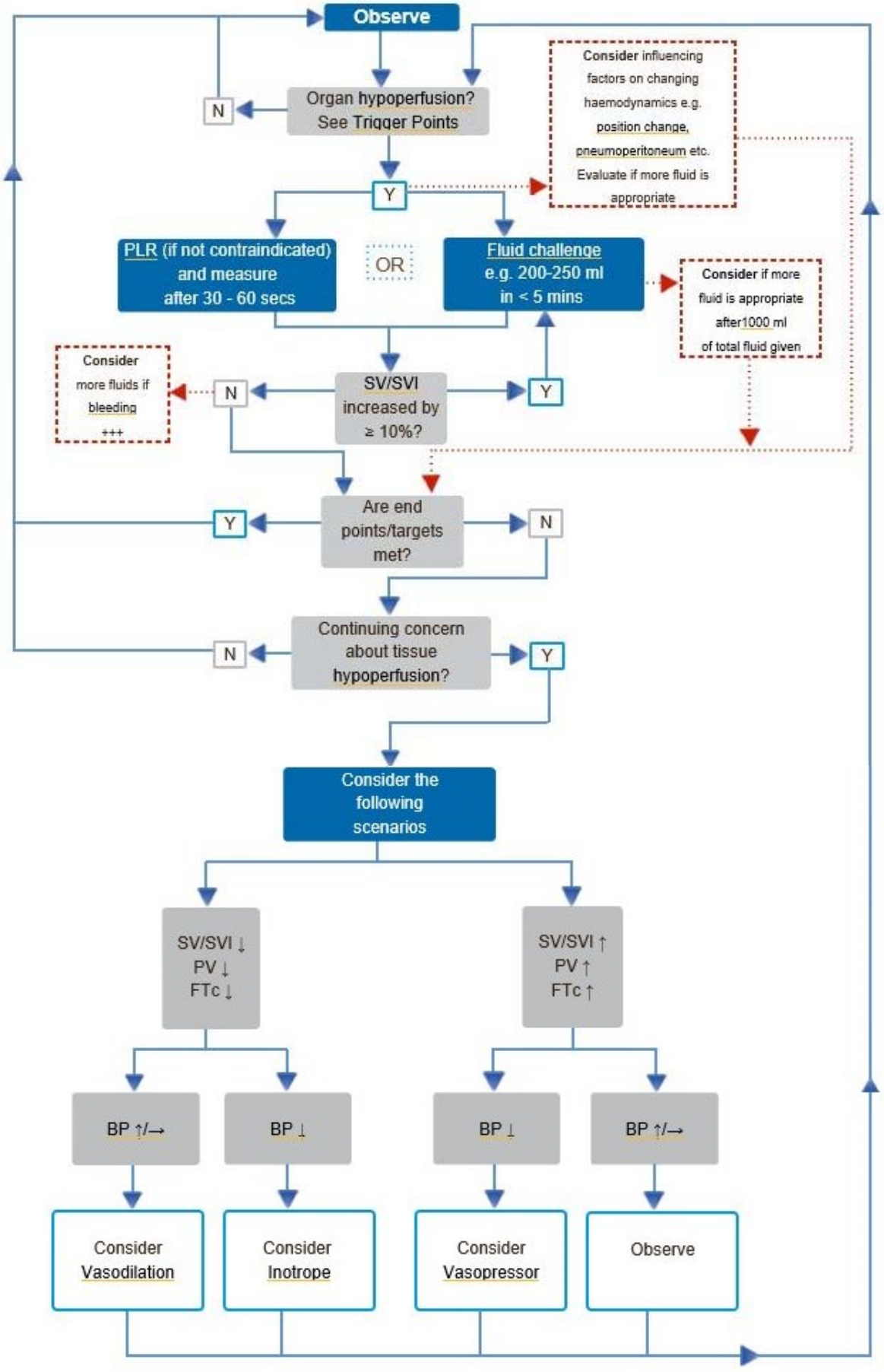
- ❑ Pre operative orders placed: **OSU IP PLS: Pre Abdominal Wall Reconstruction Surgery ADS**

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

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.

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

Amount:					
Date:					

  - ❑ Dilaudid 0.5-1 mg IV Q3 hours PRN

Amount:					
Date:					