

Beaumont

DRAFT: Troy Beaumont – ERAS protocol: Same Day Single level Lumbar laminectomy (Possible multi- level)

Nov 5, 2019

STTAR Clinic

- Surgeon provides patient with educational booklet and encourages patient to attend pre-op STTAR (Surgical Testing Accelerated Recovery & Teaching) clinic
- Patient encouraged to bring companion to STTAR clinic.
- Case will be boarded with “ERAS” in case notes
- Surgeon tell boarding that patient is SAME DAY SURGERY.
- Boarding to add ERAS-Same Day Surgery to procedure/consent
- If case is identified in STTAR clinic as Same Day Surgery- STTAR Clinic PA to call boarding to add ERAS-Same Day Surgery to procedure
- Patients will be seen by PT as part of their STTAR clinic visit. PT will assess patient mobility and make recommendations regarding activity/exercise. Will discuss home safety, expectations for post acute care and provide patient with information on adaptive equipment/assistive devices that may help with the post acute recovery process. PT will perform baseline TUG.
- Patients phone screened at a scheduled appointment time by screening nurse. STTAR clinic appointment made at that time.
- Patients who attend STTAR clinic (ideal time is 4 weeks prior to surgery, but not over 30 days) will be instructed to start/increase physical activity using provided pedometer, use incentive spirometer at least 30x daily, focus on stress/anxiety reduction, shower with CHG 3 times before surgery (2 nights pre-op, 1 night pre-op, and morning of surgery), drink Ensure 2 hours before arrival time, and that anticipated discharge will be on **Same Day**.
- STTAR Clinic patients provided with: incentive spirometer, pedometer, Ensure, CHG, and education booklet.
- Patients at STTAR clinic will have H&P with, labs drawn, pre-op ERAS order set initiated, & offered hospital tour.
- Pre-op labs sent: CBC w/ diff, CMP, PT/INR, PTT, UA w/ C&S, T&S, HbA1C, & S. Aureus Screen. Urine nicotine level on smokers (smoking within 1 year)
 - If Hgb < 10, Hgb A1C > 7.5, (endocrine consult)and/or albumin < 3.5 STTAR clinic notify surgeon and refer to PCP for pre-operative management/optimization. If UA and/or urine C&S is abnormal, notify surgeon & surgeon to determine if treatment needed pre-operatively. If S. aureus screen is positive STARR clinic to direct patient to fill Bactroban Rx provided by surgeon’s office and use bid for full 5 days pre-operatively. If positive for MRSA, pre-operative antibiotics to be ordered = Vancomycin 15mg/kg IVPB
- Discontinue anticoagulants before surgery and call cardiologist to monitor
- Follow up with PCP
- Tamsulosin 0.4mg po QD (5 doses) Give Prescription in office or STTAR clinic
- Instruct patient to bring brace to hospital
- Required to have companion on DOS (prefer same companion that came to STTAR clinic) to be a Same Day Surgery
- Bladder scan

Pre-op

- Start 1 18 gauge IV in pre-op.
- Pre-op antibiotics as ordered
- Neurontin 100 mg po given – hold if patient over 70 years old, with pre-existing confusion/sedation, or with renal dysfunction
- Acetaminophen 1000 mg po
- Famotidine 20 mg IV
- Carboxyhemoglobin if prior h/o tobacco use

- Anesthesiologist completes PONV Risk Assessment
- Minimize pre-surgical narcotics & benzodiazepines, especially in elderly patients
- Draw blood sugar on patients with HgA1C >6
- Void prior to OR

Intra-op

- Lidocaine bolus 1.5mg/kg with induction followed by infusion at 2mg/min <70 kg or 3mg/min 70 kg and above until emergence (If under 50kg the lidocaine is 'dosed at 2 mg/kg/hr based on weight')
- Ketamine 0.25mg/kg IVP at induction. Maximum dose 25mg
- Surgeon may use local anesthetic at surgical site if appropriate
- Repeat blood sugar every 90 minutes if HgA1C >6.0 in pre-op, FBS >200 or insulin administered
- Solu-Medrol 125mg IVP
- Zofran 4 mg IV at end of case
- Toradol 15-30 mg IVP (Use with caution, check with surgeon)
- Administer additional antiemetics per PONV Risk Assessment
- Mepilex dressing per surgeon preference
- Goal directed Fluid therapy
- Goal is no additional narcotics administered after induction. (low dose fentanyl with induction acceptable. Anesthesia providers should discuss if additional narcotics are needed)
- NO FOLEY

OP/POSTOP

- Medications
 - Acetaminophen 1000mg po q6 hours until discharge - 1st dose to be given 6 hours after pre-op dose
 - Ibuprofen 600 mg q 6 hours
 - Methocarbamol (Robaxin) 500mg q 6 hours prn muscle spasms Or Tizanidine (Zanaflex) 4mg q 6-8 hours prn muscle spasms (if over 65 years old)
 - Tramadol (Ultram) 50 mg po q 6 hours prn for severe/rescue pain (if opioid naïve) Or Roxicodone 5mg po for moderate breakthrough pain Or Roxicodone 10mg po for severe breakthrough pain
 - Fentanyl 50-100ug IVP prn pain in PACU for severe/rescue pain (check with anesthesia)
 - Ondansetron (Zofran) 4mg IV or metoclopramide (Reglan) 10mg IV PRN nausea/vomiting
 - Follow nausea/vomiting protocol
- Diet
 - Liquids as tolerated on DOS as appropriate at nurse discretion
- Activity
 - Charge RN calls PT to evaluate patient
 - Order for Physical Therapy and Occupational Therapy consults
 - PT/OT gets patient out of bed and clears for discharge
 - Evaluate for any neurologic deficits

Discharge/Home

- Patient discharged home using ERAS discharge instructions
- Target is discharge within 4 hours
- If unable to void- do a bladder scan. Call ortho PA (page 783464 or SL 47187) for further instructions
- If patients forgets brace, still able to go home without brace
- Patient receives discharge phone call from PACU/OP nurse
- PT planning prior to discharge

- Home care visit as needed determined by PT
- PT to coordinate rolling walker

Discharge Pain medications-

- Around the clock (alternating schedule)
 - Acetaminophen 1000mg po q 6 hours **Or** Ibuprofen 600 mg every 6 hours
 - Tramadol (Ultram) 50 mg po q 6 hours prn for severe/rescue pain(if opioid naïve)**Or** Roxicodone 5mg po for moderate breakthrough pain **Or** Roxicodone 10mg po for severe breakthrough pain
 - Methocarbamol (Robaxin) 500 mg po q 6 hours prn for muscle spasms **Or** Tizanidine (Zanaflex) 4 mg po q 6-8 hrs prn for muscle spasms (if over 65 years)
- Docusate (Colace) 100mg po bid or senna 2 tabs po bid