Prior to DOS
Discuss Care Map with Patients & Set Expectations

Day 0: Pre-Op
Patient again drinks 8oz of apple juice at check-in
Get Baseline Glucose
Entereg: Alvimopan 12 mg po q12h until first B.M.*
Heparin
Place portable SCDs in Pre-Op

Day 0: Intra-Op in OR
Fluid: Induction period: 7 ml/kg of LR over 30 min
Fluid: During surgery: 5 ml/kg/hr of LR. Target a urine output of 0.3-0.5 ml/kg/hr

Day 0: Intra-Op in OR
IV Abx in OR
Get a Glucose
OG Tube (if use tube, must remove at end of case)

Day 0: PACU
Get a Glucose
Fluid: LR at 1 ml/kg/hr
Target urine output of 0.3-0.5 ml/kg/hr

* Unless chronic opioid user (on narcotics within 1 week of surgery)
** 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 vs. nephrotoxic risks vs. anastomotic risk)
## ColoRectal Clinical Care Pathway

### Floor (4NE) Target LOS = 3 to 4 days

<table>
<thead>
<tr>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3, 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility: Edge of bed after last set of post-op VS (usually 6 hours) with orthostatic VS</td>
<td>PT visit on Day 1, latest</td>
<td>Mobility: OOB for all meals. Walk 3-4 times in the hall –Goal 9 laps. OOB 6hr/day</td>
<td>Mobility: OOB for all meals. Walk 3-4 times in the hall –Goal 18 laps. OOB 6hrs/day until discharge</td>
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<tr>
<td>Incentive Spirometer 10x/hr while awake until discharge</td>
<td>Mobility: OOB for all meals. Walk 3-4 times in the hall –Goal 9 laps. OOB 6hr/day</td>
<td>Diet: If patient has No Nausea, No Distention, No Belching/Hiccups, then Clear Liquid Diet x 24 hrs</td>
<td>Day 3: If ostomy output over 1200 cc, order CBC &amp; electrolytes</td>
</tr>
<tr>
<td>Sequential Compression Device on, unless ambulating, until discharge</td>
<td>Diet: If patient has No Nausea, No Distention, No Belching/Hiccups, then Clear Liquid Diet x 24 hrs</td>
<td>PCEA and acetaminophen PO. Start Ibuprofen 600 mg po q6h or ketorolac 15 mg q6h IV in NPO *</td>
<td>Oral Pain Med</td>
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<tr>
<td>Alvimopan continued</td>
<td>3 x Ensure at 9am, 3pm, 6pm on POD 1</td>
<td>Pain, PCEA and acetaminophen PO. Start Ibuprofen 600 mg po q6h or ketorolac 15 mg q6h IV in NPO *</td>
<td>Day 3: If ostomy output over 1200 cc, order CBC &amp; electrolytes</td>
</tr>
<tr>
<td>Heparin 5000 unit s SQ, Q8h</td>
<td>If Foley fill and pull, order by 11am**</td>
<td>Ostomy Nurse: check bandage/wafer for right fit.</td>
<td>Ostomy Nurse does Education, Ostomy Supply Prescription. Schedule Post-Op Ostomy visit</td>
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<tr>
<td></td>
<td>Labs x 1</td>
<td>Staff Nurse: Order Ostomy education &amp; Starter kit</td>
<td>If ostomy output over 1200 cc and patient on low res for 24 hours, give loperamide 2 mg TID</td>
</tr>
</tbody>
</table>

**In patients with inflammatory bowel disease (Crohn's disease or ulcerative colitis) discuss with the surgical service before ordering Toradol or any other NSAID's**

**Patients with low rectal dissections should retain their foley catheters until attending approval (about POD 4 or 5)**

***Patients should be discharged on Lovenox x28 days only if they are cancer patients (or have compelling reason to need post-operative anticoagulation)***

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*Last Updated: 7/25/16*