

Straub Medical Center ISCR Implementation

John Balfour, MD
Melissa Ho'olulu, RN
Milicent Khaw, MD



Success

- Standardize education tools
- Utilizing existing tools
- Engaged team

Barriers

- Short time frame
- NPO 2 hours prior to surgery
- Antibiotic stewardship
- Educating the teams adequately
- EMR- lack of ERAS identification from clinic to inpatient

CREATING A HEALTHIER HAWAII

HAWAII
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Wilcox Medical Center ISCR Implementation

Judy Boes, RN

HAWAII
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Wilcox Medical Center Path to ISCR

- Some interventions trailed in colorectal cases
 - chewing gum
 - epidural
- Post-op mobility
- Pulmonary toilet
- July 2017 - ERAS orders presented by surgeon champion and discussed among surgeon and anesthesia in NSQIP Meeting
- Peri-operative clinic to include colorectal surgery patients

CREATING A HEALTHIER HAWAII

HAWAII
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Wilcox Medical Center Path to ISCR

- Multi-modal analgesia
 - TAP blocks (yes)
 - Celebrex (no)
 - Lyrica (yes)
 - Tylenol (yes)
- Intra-op fluid management
 - Flow-Track or Clear Sight to manage volume status
- 1st multidisciplinary meeting scheduled for Friday 9/22/2017

CREATING A HEALTHIER HAWAII

HAWAII
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Barriers to Implementing ISCR

- New Leadership
 - CNE, OR manager, OR director
- Surgeon champion on vacation/not available for meetings
- The Joint Commission survey
- NPO status (agreed doesn't have to be after midnight but 2 hours makes it difficult to move cases up if cancellation occurs) and other ERAS orders
- No consensus on timeline for NPO for fluids or solids
- Getting floor staff and OR staff interested
- Staff engagement
- Documenting the required variables for abstraction
- Finding a meeting time that will satisfy all members

CREATING A HEALTHIER HAWAII'

HAWAII'
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Improvement in Surgical Care & Recovery (ISCR)

Colorectal Project Update
Pali Momi
September 26, 2017

CREATING A HEALTHIER
HAWAII'

HAWAII'
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Colorectal Workgroup

- Chartered; 4 surgeons, 1 anesthesiologist (division chair), Surgical Abstractor, Clinic staff, In patient Nursing, Quality Coordinator, Peri-op Surgical home
- Executive sponsors: CMO CNO
- Group met, good discussion regarding order set alignment to support pathway
- Order sets developed
- Two cases presented as small test of change
- Patient education materials gathers for review

First case and test case of pathway

- 65 year-old man
- laparoscopic low anterior resection of the rectum
- Discharged POD#3
- No NSQIP events x 23 days

Grand total analgesics

- Preop
 - Gapapentin 300 mg
- Intraop
 - Ofirmev 1,000 mg IV
 - Fentanyl 100 mcg IV
 - Dilaudid 1 mg
 - TAP block
- Postop
 - Ofirmev 4,000 mg (in four doses)
 - Tylenol 1,000 mg x 4 doses

Second case and test of pathway

- Patient with hx of HTN, CAD, BMI 43
- laparoscopic right colectomy
- Discharged POD #2
 - No NSQIP events x 23 days

Grand total analgesics

- Preop
 - Gapapentin 300 mg
- Intraop
 - Ofirmev 1,000 mg IV
 - Fentanyl 150 mcg IV
 - Dilaudid 0.5 mg IV
 - TAP block
- Postop
 - Ofirmev 2,000 mg (in four doses)
 - Tylenol 1,000 mg x 1 doses
 - Percocet 5/325 mg x 2 doses

CREATING A HEALTHIER HAWAII

HAWAII
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Tweaks to the HPH Colectomy Orderset: Preop

HAWAII
PACIFIC
HEALTH | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

<p>Patient Class / Level of Care</p> <p><input checked="" type="checkbox"/> Patient Class</p> <p><input checked="" type="checkbox"/> Level of Care</p> <p>Pre op</p> <p><input type="checkbox"/> NPO</p> <p><input type="checkbox"/> lactated ringers 1000 mL inj (LR)</p> <p><input type="checkbox"/> CBC PLT W/AUTO DIFF</p> <p><input type="checkbox"/> BASIC METABOLIC PANEL</p> <p><input type="checkbox"/> CEA (CARCINOEMBRYONIC ANTIGEN)</p> <p><input type="checkbox"/> TYPE & CROSSMATCH PANEL</p> <p><input type="checkbox"/> FOLEY TO GRAVITY</p> <p><input type="checkbox"/> SEQUENTIAL COMPRESSION DEVICE</p> <p><input type="checkbox"/> ENDOVASCULAR LEAD, WITH INTERPRETATION AND REPORT</p>	<p>ONCE For 1 Occurrences</p> <p>Patient Class:</p> <p>Admitting diagnosis:</p> <p>Expected length of stay > 2 midnights?</p> <p>Hospital Service:</p> <p>Room request:</p> <p>Special bed request:</p> <p>Bed request comments:</p> <p>Unit:</p> <p>Attending:</p> <p>ONCE For 1 Occurrences</p> <p>START NOW</p> <p>at 100 mL/hr Intravenous, CONTINUOUS For 10 Days,</p> <p>Routine</p> <p>Routine, Normal</p> <p>Routine</p> <p>Hours post prandial?</p> <p>Normal</p> <p>Routine, ONCE, Starting today For 1 Occurrences, Normal</p> <p>Routine</p> <p>Blood product? Packed Cells</p> <p>Special blood characteristics?</p> <p># of units? 2</p> <p>Expected date of transfusion?</p> <p>Expected time of transfusion?</p> <p>Last HGB Result/Date:</p> <p>Last HCT Result/Date:</p> <p>Last CMV Result/Date:</p> <p>Normal</p> <p>BEFORE AT LEAST EVERY 24 HOURS</p> <p>Indication for use? Perioperative use for surgical procedure</p> <p>Routine, While not ambulating</p> <p>SCD Sleeve Size:</p> <p>Routine</p>	<p>Prepopulate: "Inpatient"</p> <p>Prepopulate: "Yes"</p> <p>Prepopulate: NPO except meds</p> <p>Make 30 mL/hour</p> <p>Precheck</p> <p>Precheck Put on in preop?</p>
--	---	---

HAWAII PACIFIC HEALTH | KAPI'OLANI PALI MOMI STRAUB WILCOX

From Straub ERAS preop orders

<input checked="" type="checkbox"/> GLUCOSE (POCT)	BEFORE MEALS AND AT BEDTIME. Notify Anesthesiologist for CBG > or equal to 180.
<input checked="" type="checkbox"/> Preop CHG wipes	PRE OP ONCE, Starting today For 1 Occurrences, Apply morning of preop
<input checked="" type="checkbox"/> POVIDONE-IODINE 5% NASAL SWAB	PRE OP ONCE For 1 Occurrences, Apply morning of preop.
<input type="checkbox"/> Tramadol tab (ULTRAM) 100 mg	100 mg PRE OP ONCE, Oral, Routine Give upon arrival or within 1-2 hours pre-operatively with sip of water. Pharmacy to adjust dosing per protocol for renal impairment and age >65yrs.
<input type="checkbox"/> Acetaminophen tab (TYLENOL) 1 g	1000 mg PRE OP ONCE, Oral, Routine Give upon arrival or within 1-2 hours pre-operatively with sip of water
<input type="checkbox"/> Gabapentin cap (NEURONTIN) 600 mg	600 mg Oral PRE OP ONCE For 1 Doses, Routine Give upon arrival or within 1-2 hours pre-operatively with sip of water. Pharmacist to adjust dose if estimated per protocol based on renal impairment.

Make 300 mg

Let's NOT ADD Celebrex → some pathways have discouraged its use for fear of leak. Perhaps OK for cases where there is not an anastomosis (i.e. APR)

Add heparin 5000 units SQ (this is preop) x 1 --- DON'T PRECHECK

Meds - SCIP Abs Colon Surgery Preop (Single Response)

Pre-OP-SCIP: Intravenous, Routine
Initiate within 1hr prior to incision. Give in OR.

- Clindamycin 900mg (CLEOCIN) (Redose after 4hrs) 900 mg, Intravenous, at 100 mL/hr, PRE OP ONCE For 1 Doses, Routine
Give within 1 hour of skin incision. Give in OR, Redose after 4hrs
- gentamicin IV/PR 5 mg/kg 5 mg/kg PRE OP ONCE, Intravenous, Routine
Give within 1 hour of incision. Give in OR

Levofloxacin/Metronidazole IV panel - Allergic patients

- clindamycin 900mg in DSW 50mL premix (CLEOCIN) 900 mg, Intravenous, at 100 mL/hr, INTRADP Q6H PRN For 10 Days, Routine
- levofloxacin 500mg in DSW 100mL premix (LEVAQUIN) Intravenous, Q24H For 1 Doses, Routine

Levofloxacin/Metronidazole IV panel - For beta-lactam allergic patients

- levofloxacin 500mg in DSW 100mL premix (LEVAQUIN) Intravenous, PRE OP ONCE For 1 Doses, Routine
Give within 1 hour of incision. Give in OR.
- metronidazole 500mg in 1/2 100mL premix (FLAGYL) Intravenous, PRE OP ONCE For 1 Doses, Routine

Meds - Intraop Surgical Antibiotic Prophylaxis Redosing Orders (Single Response)

Cefazolin 3g (Redose after 4hrs) (2 patient in 119kg)

- Cefazolin 3g (Redose after 4hrs) (2 patient in 119kg) 3g intravenous, Q4H, Intravenous, Routine, surgical procedure over 4 hours
Redose during surgery after 4 hours. To be administered by anesthesia.
- Cefazolin 3g (Redose after 4hrs) (2 patient in 119kg) 3g intravenous, Q4H, Intravenous, Routine, surgical procedure over 4 hours
Redose during surgery after 4 hours. To be administered by anesthesia.
- Cefazolin 3g (Redose after 4hrs) (2 patient in 119kg) 3g intravenous, Q4H, Intravenous, Routine, surgical procedure over 4 hours
Redose during surgery after 4 hours. To be administered by anesthesia.
- Cefazolin 3g (Redose after 4hrs) (2 patient in 119kg) 3g intravenous, Q4H, Intravenous, Routine, surgical procedure over 4 hours
Redose during surgery after 4 hours. To be administered by anesthesia.

Cefazolin 3g (Redose after 2hrs)

- Cefazolin 3g (Redose after 2hrs) 3g intravenous, Q2H, Intravenous, Routine, surgical procedure over 2 hours
Redose during surgery after 2 hours. To be administered by anesthesia.

Cefazolin 3g (Redose after 2hrs)

- Cefazolin 3g (Redose after 2hrs) 3g intravenous, Q2H, Intravenous, Routine, surgical procedure over 2 hours
Redose during surgery after 2 hours. To be administered by anesthesia.

Cefazolin 3g (Redose after 2hrs)

- Cefazolin 3g (Redose after 2hrs) 3g intravenous, Q2H, Intravenous, Routine, surgical procedure over 2 hours
Redose during surgery after 2 hours. To be administered by anesthesia.

Cefazolin 3g (Redose after 2hrs)

- Cefazolin 3g (Redose after 2hrs) 3g intravenous, Q2H, Intravenous, Routine, surgical procedure over 2 hours
Redose during surgery after 2 hours. To be administered by anesthesia.

Piperacillin-Tazobactam IV/PR (ZOSYN) if Ordered for Appendicitis Cases

- Piperacillin-Tazobactam IV/PR (ZOSYN) if Ordered for Appendicitis Cases 3.375 g, Intravenous, INTRADP Q2H PRN For 24 Hours, Routine, appendectomy over 2 hours duration
Redose during surgery after 2 hours. To be administered by anesthesia.

Meds - Beta Blockers (Single Response)

Beta blocker not indicated at this time
Routine, UNTIL DISCONTINUED
Contraindication due to ?

Meds - Beta Blockers PO (Single Response)

- atenolol tab (TENORMIN) 25 mg, Oral, Routine
- carvedilol tab (CORVAD) 3.125 mg, Oral, Routine
- metoprolol tartrate tab (LOPRESSOR) 25 mg, Oral, Routine
- propranolol tab (INDERAL) 10 mg, Oral, Routine
- labetalol tab (NORMODINE/TRANDATE) 100 mg, Oral, Routine

Meds - Beta Blockers IV (Single Response)

- labetalol 1 MG/ML inj (LOPRESSOR) 20 mg, Intravenous, Routine
- metoprolol 1 MG/ML inj (LOPRESSOR) 1 mg, Intravenous, Routine
- propranolol 1 MG/ML inj (INDERAL) 1 mg, Intravenous, Routine

Annals of Surgery • Volume 257, Number 3, March 2013

FIGURE 1. Adjusted OR (95% CI) for SSI associated with individual antibiotic choices.[†] Adjusted for oral antibiotics, age, postoperative day 1 glucose category, laparoscopic versus open surgery, operation time (dichotomized), alcoholism, smoking, BMI, steroid use, normotensive, emergency versus elective surgery, SCIP compliance, wound class, functional status, race, wound left open, ASA score (3 levels), albumin, diagnosis, and wound left open. [†]Compared with non-SCIP compliant.

- Cipro/Flagyl had the lowest odds ratio for post-colectomy SSI when compared to the other tried regimens.
- Cipro/Flagyl does not need weight-based dosing and does not need to be re-dosed like cefoxitin
- Also there are very few patients allergic to either drug

→ Appropriate only for patients with active infection

Meds - Beta Blockers (Single Response)

Beta blocker not indicated at this time
Routine, UNTIL DISCONTINUED
Contraindication due to ?

Meds - Beta Blockers PO (Single Response)

- atenolol tab (TENORMIN) 25 mg, Oral, Routine
- carvedilol tab (CORVAD) 3.125 mg, Oral, Routine
- metoprolol tartrate tab (LOPRESSOR) 25 mg, Oral, Routine
- propranolol tab (INDERAL) 10 mg, Oral, Routine
- labetalol tab (NORMODINE/TRANDATE) 100 mg, Oral, Routine

Meds - Beta Blockers IV (Single Response)

- labetalol 1 MG/ML inj (LOPRESSOR) 20 mg, Intravenous, Routine
- metoprolol 1 MG/ML inj (LOPRESSOR) 1 mg, Intravenous, Routine
- propranolol 1 MG/ML inj (INDERAL) 1 mg, Intravenous, Routine

KEEP FOR NOW

- When periop beta blockade was a part of SCIP this was in vogue.
- Now not so much
- I wonder if we need to have this?
- This issue should be managed by the POSH
- If a beta blocker using patient presented with HTN to the hospital on day of surgery, this would trigger a call to anesthesia.
- If the patient were normotensive, I don't think any additional dose is recommended

Tweaks to Existing HPH Colectomy Orderset: Postop



Patient Designation / Level of Care

- Patient Class
- Level of Care

ONCE For 1 Occurrences

Patient Class:
Admitting diagnosis:
Expected length of stay > 2 midnights?
Hospital Service:
Room request:
Special bed request:
Bed request comments:
UNIT:
Attending:
ONCE For 1 Occurrences

20Library/Epic%20patients%20week%20References/Hawai_POLST_Form.pdf

STAT, CONTINUOUS

STAT, CONTINUOUS

STAT, CONTINUOUS

STAT, CONTINUOUS

Full Code - Chest compressions / Intubate / Full treatment

DNAR+ETT - No chest compressions / May intubate / Full treatment

~~DNAR+ETT - No chest compressions / Do not intubate / Selective treatment~~

~~Comfort care - No chest compressions / Do not intubate / Comfort measures only~~

Nursing General Orders

- Daily Weight
- Intake & Output
- Weight bearing status
- Incentive Spirometry
- Foley to Gravity
- Straight Cath if unable to void
- HOB 30 degrees
- Bedside Glucose (POCT)
- Bedside Glucose (POCT)
- Aspiration Precautions
- NG Tube Insertion
- Tobacco Cessation Assessment

UNTIL DISCONTINUED

Q12H

UNTIL DISCONTINUED

Weight bearing status?

Weight bearing status applies to?

Routine, Q1H WA RT, Starting today with First Occurrence

As Scheduled

Reason for this order?

REVIEW AT LEAST EVERY 24 HOURS

Indication for use?

Remove on post-operative day #2. Call surgeon BEFORE removing catheter to confirm.

PRN

UNTIL DISCONTINUED

BID BEFORE BIGFAST AND DINNER

BEFORE MEALS AND AT BEDTIME

UNTIL DISCONTINUED

UNTIL DISCONTINUED

Suction/Gravity?

ONCE

This is an ERAS patient

Colectomy (Single Response)

Nursing communication:
"This is an ERAS patient."

Prepopulate: No restriction

Prepopulate: Remove on POD #1

From Johns Hopkins:

<input checked="" type="checkbox"/> Activity	Routine, Until discontinued, Starting today Activity: As Tolerated Activity Instructions: With assistance Progression Protocol: JH HLM JH HLM Goal: 6-Walk 10+ steps Number of times per day: Special Instructions: Out of bed to chair or dangle from side of bed 2 hours postop. May then ambulate with assistance. HOB (Degrees): 30 Head of Bed (HOB) Instructions: To Progress, Elevate HOB by (Degrees): Dangle Frequency: Post-op (floor orders)
--	---

• We will be adding Straub activity goals

<input checked="" type="checkbox"/> Ancillary Consult	
<input checked="" type="checkbox"/> Adult Ostomy Eval & Treatment	Routine, Once For 1 Occurrences Reason for Ostomy Eval: Ostomy Service (WH-Only): Anticipated Discharge Date: PostOp Day 0

Don't pre-check

<input checked="" type="checkbox"/> Call Physician	UNTIL DISCONTINUED, Systolic BP <90, HR >140, Temp > 102
<input type="checkbox"/> Epidural orders per anesthesia	UOP < 100mL/4 hrs
<input checked="" type="checkbox"/> NG Tube Insertion	ONCE
<input checked="" type="checkbox"/> JP Bulb Suction - Empty and Record Amount	UNTIL DISCONTINUED Suction/Gravity? to low intermittent suction, irrigate with 20-30ml of NS Q4h and prn occlusion Q4h
<input type="checkbox"/> Incentive Spirometry	Suction: to bulb suction, empty Q4h and prn. Record output Routine, Q1H WA Reason for this order?
<input type="checkbox"/> Vital Signs ICU	Q1H, Q15min x4, then q30 min x2, then q1-2
<input type="checkbox"/> Vital Signs Med Surg	NO RECTAL TEMPERATURE
<input type="checkbox"/> Vital Signs Telemetry	Q4H, NO RECTAL TEMPERATURE
<input type="checkbox"/> Activity	Q4H, NO RECTAL TEMPERATURE
<input type="checkbox"/> Bedrest	UNTIL DISCONTINUED
<input type="checkbox"/> Bedrest - May stand to Void or use bedside commode	UNTIL DISCONTINUED
<input type="checkbox"/> DRP with assistance	AD LIB
<input type="checkbox"/> DRP	UNTIL DISCONTINUED
<input type="checkbox"/> Ambulate	TID
<input type="checkbox"/> Ambulate w/Assistance	TID
<input type="checkbox"/> Up with Assistance	PRN
<input type="checkbox"/> May shower	Routine, ONCE, Cover dressing
<input type="checkbox"/> Diet Colon Resection	
<input type="checkbox"/> CLEAR LIQUIDS	START NOW Diet order: Clear liquid Liquid consistency? Regular Oral Fluid restriction (mL):
<input type="checkbox"/> NPO	START NOW
<input type="checkbox"/> NPO except for meds	NPO -:
<input checked="" type="checkbox"/> chewing gum, sugar free (ORBIT)	START NOW
	1 Stick, Oral, 3 times daily, Post-op (floor orders)

Don't precheck

Don't precheck

Added by popular demand

IV Fluids		
<input type="checkbox"/> D5 1/2NS	at 75 mL/hr, Intravenous, CONTINUOUS For 10 Days, Routine	
<input type="checkbox"/> LR	at 40 mL/hr, Intravenous, CONTINUOUS For 10 Days, Routine	
<input type="checkbox"/> D5 LR	Intravenous, CONTINUOUS For 10 Days, Routine	
<input type="checkbox"/> D5 1/2NS w/40meq KCL	Intravenous, CONTINUOUS For 10 Days, Routine	
<input type="checkbox"/> D5 1/2NS w/20meq KCL	Intravenous, CONTINUOUS For 10 Days, Routine	
VTE SCIP Prophylaxis		
Click Here - to see SCIP VTE Prophylaxis by specialty	URL: http://hph.hph.local/C2/EPIC/EPIC%20Document%20Library/Epic%20Inpatients%20WebLink%20References/SCIP%20VTE.pdf	
<input type="checkbox"/> General Surgery		
Intermittent Pneumatic Compression Device maybe found within a separate group in the Preop and Post op order sets. If you choose not to order pharmacologic prophylaxis, please answer the "Reason for no pharmacologic prophylaxis" question.		
<input type="checkbox"/> enoxaparin 40 MG (LOVENOX)	40 mg DAILY, Subcutaneous, Routine	
<input type="checkbox"/> enoxaparin 30 MG (LOVENOX) **In patients with renal impairment (CrCl < 30ml/min), reduce enoxaparin dose to 30mg subcutaneous Q24H	30 mg DAILY, Subcutaneous, Routine	
<input type="checkbox"/> heparin 5000 Units Q8H	5,000 Units Q8H, Subcutaneous, Routine	
<input type="checkbox"/> heparin 5000 units Q12H	5,000 Units Q12H, Subcutaneous, Routine	
<input type="checkbox"/> Reason for not initiating pharmacologic prophylaxis	Routine, UNTIL DISCONTINUED	
<input type="checkbox"/> VTE prophylaxis not indicated	Routine, UNTIL DISCONTINUED	
<input type="checkbox"/> Already on appropriate VTE prophylaxis	Routine, UNTIL DISCONTINUED	
VTE Prophylaxis - SCD'S		
<input type="checkbox"/> Intermittent Pneumatic Compression Device	Routine, While not ambulating	
<input type="checkbox"/> SCD Sleeve Size	Routine, While not ambulating	
Meds - Surgical Post Op Bundle for Pali Momi		
<input checked="" type="checkbox"/> Chlorhexidine 0.12 % soln (PERIDEX)	15 mL BID, Oral, Routine	
Meds		
<input type="checkbox"/> acetaminophen tab (TYLENOL)	650 mg Q4H PRN, Oral, Routine, Temp greater than 101.5 or headache	
<input type="checkbox"/> acetaminophen inj (TYLENOL)	1,000 mg Q6H, Intravenous, Routine	
<input type="checkbox"/> promethazine IV (PHENERGAN)	12.5 mg Q4H PRN, Intravenous, Routine, NAUSEA AND/OR VOMITING	
<input type="checkbox"/> ondansetron (ZOFRAN)	4 mg Q6H PRN, Intravenous, Routine, NAUSEA	
<input type="checkbox"/> ketorolac 30 MG/ML inj (TORADOL)	30 mg Q6H, Intravenous, Routine	

Additional notes and annotations:

- Precheck for SCDs
- 1000 mg PO q 6 hours (after IV)
- Add "x 2 doses, then change to PO"
- Add option: "Saline lock IV."

Meds PRN		
<input checked="" type="checkbox"/> nitroglycerin (NITRO-BID)	2 Inch Q6H PRN, Topical, Routine, CHEST PAIN, Systolic BP greater than 165	
<input checked="" type="checkbox"/> nicardipine (CARDENE)	20 mg Q8H PRN, Oral, Routine, Systolic BP greater than 165	
<input type="checkbox"/> acetaminophen (TYLENOL) PO	650 mg Q4H PRN, Oral, Routine, PAIN, or temp greater than 101F	
<input type="checkbox"/> acetaminophen (TYLENOL) PR	650 mg Q4H PRN, Rectal, Routine, PAIN, or temp greater than 101F	
<input type="checkbox"/> zolpidem (AMBIEN)	5 mg QHS PRN, Oral, Routine, Insomnia	
<input type="checkbox"/> ondansetron (ZOFRAN)	4 mg Q6H PRN, Intravenous, Routine, NAUSEA	
<input type="checkbox"/> promethazine (PHENERGAN)	25 mg Q6H PRN, Oral, Routine, NAUSEA	
<input checked="" type="checkbox"/> bisacodyl (DULCOLAX) Supp	10 mg DAILY PRN, Rectal, Routine, CONSTIPATION	
<input checked="" type="checkbox"/> docusate (COLACE)	100 mg DAILY PRN, Oral, Routine, CONSTIPATION	
<input type="checkbox"/> aluminum hydroxide (MILK OF MAGNESIA)	30 mL DAILY PRN, Oral, Routine, CONSTIPATION	
Meds PCA		
<input type="checkbox"/> PCA Monitoring	UNTIL DISCONTINUED	
<input type="checkbox"/> morphine PCA	Intravenous, CONTINUOUS For 10 Days, Routine	
<input type="checkbox"/> hydromorphone PCA (START IN PACU)	Intravenous, START IN PACU For 10 Days, Routine	
<input type="checkbox"/> fentanyl 0.4 MG/ML inj (FARGAN)	0.2 mg PRN, Intravenous, Routine	
Meds - SCIP Abx Colon surgery Postop (single response)		
Although routine continued administration of antibiotics after skin closure is felt not to be necessary, the choices in the order set are developed to help the clinician choose to continue antibiotics for up to 24 hours after case completion with acceptable choices. Use of the choice list in this section will assist the clinician with ease of ordering and general compliance with recommendations but picking medications from this section is not mandatory.		
<input type="checkbox"/> Cefazolin IV (WEPICLIN)	2 g Q6H, Intravenous, Routine	
<input type="checkbox"/> clindamycin 900mg (CLEOCIN) for beta-lactam allergic patients	900 mg, Intravenous, at 100 mg/hr, Q6H For 5 Doses, Routine	
<input checked="" type="checkbox"/> HYDROMorphone (DILAUID) injection	0.5 mg, Intravenous, Every 3 hours PRN, Breakthrough Pain Use if PO hydromorphone is not relieving pain after 1 hour or patient unable to take PO. Beginning Post-Op Day 1, Administer if patient is NPO or oral Tramadol and oral Dilaudid are not relieving pain until discontinued. Post-op (floor orders)	

Additional notes and annotations:

- From Hopkins

From Hopkins: POST OP DAY 1

<input type="checkbox"/> Activity	Routine, Until discontinued, Starting today Activity: As Tolerated Activity Instructions: With assistance Progression Protocol: JH HLM JH HLM Goal: 8-Walk 250+ feet Number of times per day: 2 (minimum) Special Instructions: HOB (Degrees): Dangle Frequency: Post Op Day One
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, Oral, Every 6 hours, Post Op Day One
<input type="checkbox"/> ibuprofen (ADVIL/MOTRIN) tablet	400 mg, Oral, Every 8 hours, Post Op Day One
<input type="checkbox"/> gabapentin (NEURONTIN) tablet/capsule	100 mg, Oral, 3 times daily, Post Op Day One
<input type="checkbox"/> tramadol (ULTRAM) tablet	50 mg, Oral, Every 4 hours PRN, Breakthrough Pain Use Tramadol as first line pain management medication. Post Op Day One
<input type="checkbox"/> HYDRomorphine (DILAUIDID) tablet	2 mg, Oral, Every 4 hours PRN, Breakthrough Pain Use if Tramadol not relieving after 1 hour, use as second line choice for pain management. Post Op Day One

• We will be adding Straub activity goals

From Hopkins: POST OP DAY 2

<input type="checkbox"/> Activity	Routine, Until discontinued, Starting today Activity: As Tolerated Activity Instructions: With assistance Progression Protocol: JH HLM JH HLM Goal: 8-Walk 250+ feet Number of times per day: 3 (minimum) Special Instructions: HOB (Degrees): Dangle Frequency: Post Op Day Two
-----------------------------------	---

• We will be adding Straub activity goals

From Hopkins: POST OP DAY 2

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, Oral, Every 6 hours, Post Op Day One
<input type="checkbox"/> ibuprofen (ADVIL/MOTRIN) tablet	400 mg, Oral, Every 8 hours, Post Op Day One
<input type="checkbox"/> gabapentin (NEURONTIN) tablet/capsule	100 mg, Oral, 3 times daily, Post Op Day One
<input type="checkbox"/> tramadol (ULTRAM) tablet	50 mg, Oral, Every 4 hours PRN, Breakthrough Pain Use Tramadol as first line pain management medication. Post Op Day One
<input type="checkbox"/> HYDRomorphine (DILAUIDID) tablet	2 mg, Oral, Every 4 hours PRN, Breakthrough Pain Use if Tramadol not relieving after 1 hour, use as second line choice for pain management. Post Op Day One

Oxycodone 5 mg tab
1 tab PO q 4 hours prn
pain

Meds - Sliding Scale

Regular Insulin, Glucose Checks, and Hypoglycemia Protocol Orders

Glucose QAC, QHS (POCT)

Glucose q6h (POCT)

Glucose PRN (POCT)

Regular Insulin (NOVOLOG) in Low Dose

BEFORE MEALS AND AT BEDTIME, Starting today with First Occurrence Include Now

Q6H PRN For Until specified, Symptoms of hypoglycemia or hyperglycemia

1-5 units BID-666-Subcutaneous, Routine
BG less than or equal to 70: Treat hypoglycemia per protocol.
BG 71-80 - Notify physician to consider reduction of scheduled before meal insulin.
BG 81-150 - No additional insulin.
BG 151-200 - 1 additional unit of insulin.
201-250 - 2 additional units of insulin.
251-300 - 3 additional units of insulin.
301-350 - 4 additional units of insulin.
BG above 350 - 5 additional units of insulin

Replace all sliding scales with Glucommande

Meds - Beta Blockers (Single Response)

Beta blocker not indicated at this time

Routine, UNTIL DISCONTINUED
Contraindication due to ?

<input type="radio"/> Meds - Beta Blockers PO (Single Response)		
<input type="radio"/> atenolol tab (TENORMIN)	25 mg, Oral, Routine	
<input type="radio"/> carvedilol tab (COREG)	3.125 mg, Oral, Routine	
<input type="radio"/> metoprolol tartrate tab (LOPRESSOR)	25 mg, Oral, Routine	
<input type="radio"/> proPRANolol tab (INDERAL)	10 mg, Oral, Routine	
<input type="radio"/> labetalol tab (NORMODYNE/TRANDATE)	100 mg, Oral, Routine	
<input type="radio"/> Meds - Beta Blockers IV (Single Response)		
<input type="radio"/> labetalol 5 MG/ML inj (TRANDATE)	20 mg, Intravenous, Routine	
<input type="radio"/> metoprolol 1 MG/ML inj (LOPRESSOR)	Intravenous, Routine	
<input type="radio"/> proPRANolol 1 MG/ML inj (INDERAL)	1 mg, Intravenous, Routine	

Leave intact?

Creating a *healthier* Hawai'i

CREATING A HEALTHIER HAWAII'

HAWAII'
PACIFIC
HEALTH

KAPI'OLANI
PALI MOMI
STRAUB
WILCOX