

Distal Pancreatectomy +/- Splenectomy Clinical Pathway

Activities Before Surgery			
	Day -14 to -1	Day -1	
Clinic Visit	<ul style="list-style-type: none"> Vaccines 2-6 weeks prior to splenectomy Pre-op clinic visit Discuss care map with patient and set expectations Schedule f/u visit for ~2 weeks post-op Consent signed 		
Diet	<ul style="list-style-type: none"> IMPACT advanced recovery drink each day for 5 days prior to surgery 	<ul style="list-style-type: none"> 8 oz of apple juice before midnight, 1 day prior No food after midnight, ok for clear liquids up to 4 hrs before surgery 	
Mobility	<ul style="list-style-type: none"> Aim to walk 2 miles/day prior to day of surgery 		
Day 0: Pre and Peri-Operative Milestones			
	Pre-op	Intra-op	PACU
Pain Management	<ul style="list-style-type: none"> 1,000 mg Acetaminophen PO pre-op, then IV Order Exparel 1.3% (13.3 mg/mL) injectable suspension 	<ul style="list-style-type: none"> 1,000 mg Acetaminophen PO pre-op, then IV Surgeon to administer Exparel (long-acting local anesthetic) 	<ul style="list-style-type: none"> Start IV hydromorphone PCA at 0.2mg q 6 min lockout. No continuous infusion or 4-hour limit
Diet	<ul style="list-style-type: none"> 8oz apple juice 2 hours before surgery (no exceptions for diabetics) 		
Fluids	<ul style="list-style-type: none"> D5LR at 50 ml/hr 	<ul style="list-style-type: none"> 2 ml/kg/hr of LR. Give 500 mL LR bolus extra during first 30 min 	<ul style="list-style-type: none"> D5LR at 1ml/kg/hr (modify for CHF, CKD, or morbid obesity) Target UOP> 25 mL/hr
Mobility			
Medications	<ul style="list-style-type: none"> Heparin 5,000 Units SQ 	<ul style="list-style-type: none"> Start pre-op abx immediately in OR 	<ul style="list-style-type: none"> Insulin drip protocol
Vitals/ Monitoring	<ul style="list-style-type: none"> Check blood glucose hourly, keep <140 mg/dL 	<ul style="list-style-type: none"> Check blood glucose hourly, keep <140 mg/dL Standard anesthesia management (The goals of perioperative management is to keep patient hemodynamically stable with restricted fluids. Hypotension to be treated with fluid boluses and phenylephrine up to 0.8 mcg/kg/min. Avoid Vasopressin boluses and infusion by all means). 	<ul style="list-style-type: none"> Check blood glucose hourly, keep <140 mg/dL
Labs			<ul style="list-style-type: none"> Labs 1 hr after PACU arrival: CBC & CMP
Nursing / Lines	<ul style="list-style-type: none"> Place portable Sequential Compression Devices (SCDs) in pre-op area 	<ul style="list-style-type: none"> Foley (temp-sensing) SCDs throughout case 2 large (16 gauge) bore IV +/- arterial line Heating mattress or blanket + Bair hugger NO routine NGT Surgical drain placed intra-op <ul style="list-style-type: none"> <input type="checkbox"/> Gravity bag 	<ul style="list-style-type: none"> Record drain output every 4 hours Continue Foley Catheter

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Bulb suction

Inpatient Milestones: 7SA Target Post-Op LOS = 3 days

	Day 0	Day 1	Day 2	Day 3
Pain	<ul style="list-style-type: none"> 650 mg Acetaminophen PO elixir/tablet q6h scheduled until d/c IV PCA (if pain uncontrolled adjust PCA first PRN) 	<ul style="list-style-type: none"> 650 mg Acetaminophen PO elixir/tablet q6h scheduled until d/c (6AM/12PM/6PM/12AM) Discuss Ketorolac (15 mg q6h x's 24 hrs) or other NSAID with attending for pain (if not contraindicated) Continue IV PCA Provide Exparel Education 	<ul style="list-style-type: none"> 650 mg Acetaminophen PO-tablet q6h scheduled until d/c (6AM/12PM/6PM/12AM) 600 mg Ibuprofen PO tablet q6h scheduled (9AM/3PM/9PM/3AM) Consider d/c PCA on Day 2 (after lunch) Transition to 5-15 mg Oxycodone PO q3h PRN Provide Exparel Education 	<ul style="list-style-type: none"> 650 mg Acetaminophen PO tablet q6h scheduled until d/c (6AM/12PM/6PM/12AM) 600 mg Ibuprofen PO tablet q6h scheduled (9AM/3PM/9PM/3AM) 5-15 mg Oxycodone PO q3h PRN Provide Exparel Education
Diet	<ul style="list-style-type: none"> Chew gum after surgery Clear Liquid Diet w/o restrictions 	<ul style="list-style-type: none"> Advance to General Diet as tolerated (start slowly, 5-6 small frequent meals) 	<ul style="list-style-type: none"> General Diet 	<ul style="list-style-type: none"> General Diet
Fluids	<ul style="list-style-type: none"> Target UOP > 25 mL/hr D5LR at 1ml/kg/hr (modify for CHF/CKD) 	<ul style="list-style-type: none"> D5LR or 0.45%NS @ rate 0.5mL/kg/hr (modify for CHF, CKD, tachycardia, or low UOP) 	<ul style="list-style-type: none"> HLIV 	<ul style="list-style-type: none"> HLIV
Mobility	<ul style="list-style-type: none"> Encourage to sit up on edge of bed after last set of post-op VS (usually 6hrs) with orthostatic VS 	<ul style="list-style-type: none"> Walk 3-4 times in the hall – goal 1/2 mile & OOB 6hr/day 	<ul style="list-style-type: none"> Walk 3-4 times in the hall – goal 1 mile & OOB 6hr/day 	<ul style="list-style-type: none"> Walk 3-4 times in the hall – goal 1 mile & OOB 6hr/day
Medications	<ul style="list-style-type: none"> Peri-op beta blocker (resume if h/o BB use or arrhythmia) Antiemetics (Ondansetron) Insulin drip protocol 	<ul style="list-style-type: none"> Heparin 5,000 Units SQ q8h Change from SQH to Lovenox 40 mg SQ qHS at 2100 (consult Rx if CKD) Start Docusate 200 mg PO BID and Senna 17.2 mg PO qHS until d/c Begin Pancreatic Enzymes (resume if pt was on at home or panc insufficiency) Insulin drip protocol (change to SQ insulin if <1 unit/hr for 12 hrs) 	<ul style="list-style-type: none"> If >5kg over pre-op weight give Lasix 10 mg IV. If inadequate response, give Lasix 20 mg IV If no bowel movement to date, administer suppository or enema (as preferred by patient) 	<ul style="list-style-type: none">
Vitals/ Monitoring	<ul style="list-style-type: none"> Weigh daily until d/c IS:10x/hr while awake until d/c Urine output + vital signs q1h X 2, q2h X 2, then q4h 	<ul style="list-style-type: none"> Weigh daily until d/c IS:10x/hr while awake until d/c VS q4h I&Os q8h 	<ul style="list-style-type: none"> Weigh daily until d/c IS:10x/hr while awake until d/c VS q4h I&Os q8h 	<ul style="list-style-type: none"> Weigh daily until d/c IS:10x/hr while awake until d/c VS q4h I&Os q8h

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		<ul style="list-style-type: none"> CBC, CMP & serum amylase @ 0500 Drain amylase @ 0500 	<ul style="list-style-type: none"> CBC & Chem10 	<ul style="list-style-type: none"> CBC, CMP & serum amylase @ 0500 Drain amylase @ 0500
Nursing / Lines	<ul style="list-style-type: none"> SCDs on while in bed until d/c Continue Foley Catheter Record drain output every 4 hours (DO NOT STRIP DRAIN) 	<ul style="list-style-type: none"> SCDs on while in bed until d/c Lap Dist Panc: Consider DC foley. No Fill and Pull, unless failed previously Record drain output every 8 hours (DO NOT STRIP DRAIN) 	<ul style="list-style-type: none"> SCDs on while in bed until d/c Open Dist Panc: Consider DC foley. No Fill and Pull, unless failed previously Record drain output every 8 hour (DO NOT STRIP DRAIN) 	<ul style="list-style-type: none"> SCDs on while in bed until d/c Consider removing drain if drain amylase is <3 x serum amylase or <318 (whichever is greater)
Support Services	<ul style="list-style-type: none"> PT/OT Consults 	<ul style="list-style-type: none"> PT/OT Consults Pharmacy Consult (Lovenox teaching) Discuss diabetic education with nutrition and pharmacy i.e. insulin regimen Consult Hyperglycemic Team if blood sugars uncontrolled or patient is new to insulin 	<ul style="list-style-type: none"> Review PT/OT recs to assess for SNF or Home Health needs Order DME (walker, cane, etc.) Secure lodging arrangement (discuss with social work) Prepare discharge (Med recon, send prescription to Rx, complete inpatient DC form, and confirm FU in 1-2 weeks) 	<ul style="list-style-type: none"> Goals for D/C (tolerate diet, pain controlled, return of bowel function, ambulate safely, diabetic and pharmacy education completed (if indicated)) F/U appt is scheduled 1-2 weeks post-op Provide splenectomy patients vaccination schedule (if not done prior to surgery) D/C to appropriate setting (e.g. hotel if patient lives >2hrs away) Inpatient team communicates with Outpatient team