# ANESTHESIA BUNDLE

<table>
<thead>
<tr>
<th>Element</th>
<th>Definition</th>
</tr>
</thead>
</table>
| **Preoperative Testing**      | • In accordance with hospital policy and ACOG guidelines, patients with high degree of medical or anesthetic complexity as assessed by the surgeon at the preoperative visit should be referred to OB Anesthesia for preoperative evaluation per institutional best practice at least 30 days prior to surgery to facilitate preoperative workup.  
  • In accordance with hospital policy preoperative CBC should be performed within 30 days  
  • Valid type and screen for all scheduled Cesarean deliveries  
  • Routine preoperative chest x-rays and coagulation studies are not indicated  
  • Diabetic patients should have a preop fingerstick on day of surgery |
| **Preoperative Medication Management** | • Patients on long-acting narcotic therapy (e.g. OxyContin) should take their extended-release narcotic on the day of surgery  
  • Anticoagulation management will be at the discretion of the primary surgeon |
| **Preemptive Analgesia**      | • Patients should receive 975mg to 1,000mg of acetaminophen orally prior to surgery                                                                                                                         |
| **Premedication**             | • Routine premedication with midazolam is discouraged in patients                                                                                                                                                                                                 |
| **Intraoperative Antiemetic Prophylaxis** | • Unless contraindicated, patients should receive perioperative antiemetic prophylaxis with at least two of the following medications:  
  1. Zofran 4mg IV  
  2. Dexamethasone 4mg IV  
  3. Metoclopramide 10mg IV  
  4. Scopolamine patch |
| **Postoperative Antiemetic Use** | • The following medications are acceptable for rescue antiemetic use:  
  1. Zofran 1-4mg IV  
  2. Haloperidol 1mg IV  
  3. Metoclopramide 5-10mg IV  
  4. Promethazine 6.25-12.5mg IM  
  • The first line rescue antiemetic given in the post anesthesia recovery period should be a drug not given pre- or intraoperatively |
| **Intraoperative Temp Management** | • Patient should be actively warmed using a warming device (full underbody convection blanket placed preoperatively on the operating room bed)                                                             |
| **Postoperative Analgesia**   | Patients should receive scheduled non-narcotic therapy:  
  1. Ketorolac 15- 30mg q 6hrs postop X 24 hrs followed by 600mg Motrin q 6hrs X 48hrs then PRN.  
  o If ketorolac is given in the operating room, then the first dose of post-operative ketorolac or Motrin should be no sooner than six hours after ketorolac.  
  2. Ibuprofen is 600mg PO (don’t see it on orders for post op analgesia)  
  3. Acetaminophen is 975 q 6 hr for 72 hrs. then PRN  
  Narcotic therapy should be minimized:  
  1. Oxydcode 5-10mg PO is the preferred first line narcotic agents; IV narcotic therapy should be used for rescue use only for patients not tolerating oral agents  
  2. For patients receiving IV narcotic therapy, PCA is preferred rather than intermittent IV bolus dosing |
# SURGICAL BUNDLE

<table>
<thead>
<tr>
<th>Element</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preoperative screening</td>
<td>Preoperative screening should include: 1. Anemia screening 2. Obesity 3. Hypertension 4. Diabetes 5. Tobacco and alcohol use screening and cessation counseling If present, anemia, obesity, hypertension, diabetes, tobacco, and alcohol use should be managed.</td>
</tr>
</tbody>
</table>
| Patient Education                    | Educational material will be provided by the surgeon's office at the time of booking covering: 1. Preoperative discharge preparation including dietary recommendations, home preparation, physical activity, and alcohol/tobacco abstinence 2. Preoperative hydration and bowel preparation regimen 3. Day of surgery workflow / expectations 4. ERAS pain control methodology, including epidural analgesia 5. Routine postoperative care and expectations  
• All patients should receive a preoperative nutritional supplement drink prior to surgery.  
• Patients should be given instructions to finish the carbohydrate drink 2 hours prior to induction of anesthesia  
• Acceptable pre-op nutritional supplement drinks: 1. A carbohydrate drink containing at least 45gm of complex carbohydrates in at least 400cc of isotonic fluid is strongly recommended (e.g. 24oz of Clearfast or an equivalent preparation, such as 2 bottles of 10 oz. Ensure Pre-Surgery Clear).  2. If above options are unavailable, up to 20oz of Gatorade “Thirst Quencher” or other complex carbohydrate containing solution is an acceptable alternative. |
<p>| Preoperative Nutritional Supplement  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Preoperative Antimicrobial Cleansing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Maintenance of Normothermia          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Intraoperative Skin Prep             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Neonatal Care                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Optimized Postoperative Fluid       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| Early Postoperative Diet Advancement                                  | - Encourage clear liquids once patient is awake in PACU  
- Patient should be ordered for at minimum a clear liquid diet postoperatively; regular diet may be ordered at surgeon's discretion  
- Consider advancing diet to regular 2 hrs following delivery. |
| Early Postoperative Mobilization                                       | - The following activity orders should be placed for all ERAS patients:  
  1. Patients should be sitting at the side of the bed with a goal of OOB to chair at the latest 8 hours postoperatively. Patients may ambulate as tolerated starting immediately postoperatively.  
  2. Patients should be out of bed as much as tolerated with goal by POD#1 to be OOB for all meals and at least 8h per day.  
  3. On Post-Op day #1 and thereafter: Ambulate in hallway at least 3 times daily  
- Expectations regarding early postoperative mobilization will be clearly conveyed to patients with patient education bundle. |
| Early Urinary Catheter Removal                                         | Urinary catheters should follow nurse driven best practices for indwelling urinary catheter removal |
| DVT prophylaxis                                                        | - Per departmental guidelines, while epidural catheters are in place, DVT prophylaxis should consist of subcutaneous heparin.  
- After epidural catheter removal or for patients without epidurals, patients should receive DVT prophylaxis with enoxaparin or heparin per institutional best practice. |
| Post-Procedure Meds:                                                   | Pain:  
- Ketorolac 15-30mg q 6 hr postop X 24 hrs followed by 600mg Motrin q 6hrs X 48hrs then PRN.  
- Ibuprofen is 600mg PO  
- Acetaminophen is 975 q 6 hr for 72 hrs. then PRN.  

Nausea:  
- Zofran is 4mg q 6hr PRN  
- Metoclopramide is 10Mg IVP q 6hr PRN |