



**MGH Enhanced Recovery After IR Procedure (ERAP) Pathway**

Updated 3.01.2021

Element	Definition
Pre-procedure Testing  Radiologists Nursing	<ul style="list-style-type: none"> <li>All candidates for block placement should have pre-procedure consent obtained and scanned in EPIC prior to arriving at MGH.</li> <li>If there are questions regarding anticoagulation management as it relates to block please contact anesthesia for consultation.</li> <li>Coagulation studies should be obtained the day of the procedure.</li> </ul>
Pre-procedure Medication Management  Radiologists Nursing	<ul style="list-style-type: none"> <li>Hold ACE inhibitors and ARBs on the day of surgery</li> <li>Take prescribed beta-blockers on the day of surgery</li> <li>Patients on long-acting narcotic therapy (e.g. OxyContin) should take their extended-release narcotic on the day of their procedure</li> <li>Anticoagulation management will be per anesthesia guidelines in consultation with patient's primary physician.</li> <li>Vitamin/herbal supplements, and fish oil should be held 7 days prior to procedure</li> </ul>
Preemptive Analgesia Radiologists, Residents, Fellows Pre-op Nursing Anesthesia	<ul style="list-style-type: none"> <li>Patients should receive 975mg of acetaminophen orally prior to procedure</li> <li>Patients should receive 200 - 400mg of celecoxib orally prior to surgery, except for patients with known or suspected renal disease (GFR &lt;60 and or age &gt;65)</li> <li>Oxycodone 5mg PO</li> </ul>
Intra-procedure Regional Anesthesia Radiologists, Residents, Fellows Anesthesia	<ul style="list-style-type: none"> <li>When possible administer regional anesthesia               <ol style="list-style-type: none"> <li>Paravertebral block (PVB) for ablations</li> <li>Superior hypogastric block for uterine embolizations</li> </ol> </li> </ul>
Procedure Antiemetic Prophylaxis  Anesthesia Residents, Fellows Nursing	<ul style="list-style-type: none"> <li>Unless contraindicated, the following antiemetics can be administered intra-procedurally:               <ol style="list-style-type: none"> <li>Zofran 4mg IV</li> <li>Haloperidol 1mg IV</li> <li>Dexamethasone 12 mg (prevent post ablation/embolization syndrome)</li> </ol> </li> <li>Scopolamine patches should be given to patients under 65 with a history of motion sickness or PONV</li> </ul>
Intra-procedure Fluid Management	<ul style="list-style-type: none"> <li>Suggest 10 cc/kg/hr (not to exceed 1.5L)               <ul style="list-style-type: none"> <li>Prevent hypovolemia post-procedure</li> </ul> </li> </ul>
Post-procedure Antiemetic Use  Anesthesia Residents, Fellows Nursing	<ul style="list-style-type: none"> <li>The following medications are acceptable for rescue antiemetic use in RICA:               <ol style="list-style-type: none"> <li>Zofran 4mg IV x 1 dose</li> <li>Haloperidol 1mg IV x 1 dose</li> <li>Metoclopramide 5-10mg IV x 1 dose</li> <li>Promethazine 6.25 IV x 1 dose</li> </ol> </li> <li>The first line rescue antiemetic given in the RICA should be a medication not given pre- or intra-procedurally</li> </ul>
Post-procedure Analgesia  Anesthesia Residents, Fellows Nursing	<ul style="list-style-type: none"> <li>Patients should receive scheduled non-narcotic analgesic therapy:               <ol style="list-style-type: none"> <li>Ketorolac IV 30mg q6h (15mg q6h if patients are over age 65), except patients with known renal impairment (GFR &lt;60)</li> <li>Acetaminophen 1g q8h X 2 doses</li> </ol> </li> <li>Rescue narcotic therapy should be minimized               <ol style="list-style-type: none"> <li>Patients should not receive more than 0.5mg IV hydromorphone (or equivalent) in RICA</li> <li>Oxycodone 5-10mg PO is the preferred agent for patients tolerating clear liquids</li> <li>For patients receiving IV narcotic therapy, hydromorphone PCA is preferred to intermittent IV bolus dosing</li> </ol> </li> </ul>