

Franciscan Stewardship Initiative – Clinical Operations
Scheduled Major Large Bowel, Small Bowel & Rectal Procedures Care Map
Target Length of Stay: 331 – 4.4 days, 330 – 7.3 days, 329 – 11.9 days
334 – 3.7 days, 333 – 6.4 days, 332 – 10.9 days

	PRE ADMISSION	DAY 0: DAY OF SURGERY	POST-OP DAY 1	POST-OP DAY 2-12	Discharge/Transition
Order Sets	<u>Anesthesia</u> <ul style="list-style-type: none"> Use Order Set 759 SUR Pre Procedure Testing (PAT) Use Order Set 688 ANE IP Preoperative Focused <u>Surgeons</u> <ul style="list-style-type: none"> Use Order Set 685 SUR IP Generic Pre Op 	<ul style="list-style-type: none"> Use Order Set 755 ANE IP PACU Focused Use Order Set 1418 SUR IP Colorectal Post Op OR <ul style="list-style-type: none"> Use Order Set 742 SUR IP Major Abdominal Surgery 	<ul style="list-style-type: none"> Use Order Set 1162 GEN IP Nicotine Replacement/Tobacco Cessation Focused, if indicated 		
MEDICAL MILESTONES AND DISCHARGE CRITERIA	<ul style="list-style-type: none"> Patient has historical reports: <ul style="list-style-type: none"> Endoscopy Radiology + images (including CT of chest, abdomen and pelvis) Pathology + slides Hem/onc or Rad/onc Operative reports + consults List of referring physicians Patient has Pre Admission Visit with Surgeon prior to day of surgery Patient has visit for Ostomy Care and Education, if indicated (marking, discussion about anatomical changes) Anesthesia and Surgical Procedure consents signed 	<p>PRE-OP:</p> <ul style="list-style-type: none"> Antibiotics: within 1 hour pre-incision VTE prophylaxis, prior to incision, after pain medication (Neuraxial and/or TAP blocks) Continue beta blockers Anesthesia and surgical procedure consents signed Aspiration/PONV prophylaxis for high risk patients <p>INTRA-OP:</p> <ul style="list-style-type: none"> During surgery, before start of wound closure, all members of the surgical team must do a complete change to new gowns, gloves, suction devices, and cautery tips Temperature management Wound protector <p>POST-OP:</p> <ul style="list-style-type: none"> Mobility: sit and dangle, ambulate as tolerated Treat nausea & vomiting Accurate I&O Completion of case management assessment within 24 hours Patient understands goals for next 24 hours Avoid use of NG. (If NG tube present: utilize Chloraseptic spray as needed) 	<p>MEASURES TO MINIMIZE POST OP ILEUS</p> <ul style="list-style-type: none"> Avoid IV fluid overload Minimize opioid use Avoid routine use of NG tube Early Feeding Early Mobilization <ul style="list-style-type: none"> Encourage ambulation, as tolerated Verify that antibiotics have been discontinued within 24 hours Remove foley, or document reason if removal is inappropriate Pain controlled Absence of nausea and vomiting Convert medications from IV to PO, if tolerating diet advancement 	<ul style="list-style-type: none"> Continue Measures to Avoid Post Op Ileus Independently transfers and ambulates at least 3x daily Consider dressing removal by surgeon or with assistance from RN; no signs and symptoms of infection Pain controlled Absence of nausea and vomiting Reassess discharge planning Patient has bowel movement/passes flatus Complete IV to PO conversion if tolerating diet advancement Remove foley, or document reason if removal is inappropriate 	<ul style="list-style-type: none"> Independently transfers and ambulates at least 3x daily No signs and symptoms of infection PT to shower, if able Pain controlled on PO medications Discharge planning complete; 1 to 2- week(s) post-op appointment (s) confirmed Patient or caregiver demonstrates ability to care for ostomy appliance independently Patient verbalizes understanding of wound and drain care, if applicable Bowel function (flatus or stool) Tolerating PO, with adequate nutrition
CONSULTS	<ul style="list-style-type: none"> Pre Admission Visit or Pre Op Clinic, if available Meet with Case Management/Social Work to discuss Discharge disposition, if possible Home Health for all Ostomy patients Patient has visit for Ostomy Care and Education, if applicable Consider: <ul style="list-style-type: none"> Nutrition Smoking Cessation Other Medical Specialty as needed Nurse Navigator (for cancer patients), when available Cardiac/Pulmonary 	<ul style="list-style-type: none"> Wound /Ostomy Care, if indicated Case Management/Social Work Anesthesia for pain management, if indicated Pain navigator, if applicable <p><u>Consider</u></p> <ul style="list-style-type: none"> Nutrition Pharmacy consult (to adjust antibiotic and enoxaparin dose for weight and renal function) 	<ul style="list-style-type: none"> Wound/Ostomy Care, if indicated Case Management/Social Work follow up Smoking Cessation <p><u>Consider</u></p> <ul style="list-style-type: none"> PT/OT Home Health Nutrition 	<ul style="list-style-type: none"> Wound Care/Ostomy care, if indicated Case Management/Social work follow up <p><u>Consider</u></p> <ul style="list-style-type: none"> Nurse Navigator, for cancer patients, or oncology consult, if applicable PICC line, if ongoing IV needs Pain Management Nutrition 	<ul style="list-style-type: none"> Home health /Outpatient Ostomy visit scheduled, if indicated Discharge planning complete
PATIENT EDUCATION	<ul style="list-style-type: none"> Patient and family/caregiver meet with Wound Ostomy nurse, if applicable Highlight specific pre-op instructions <ul style="list-style-type: none"> Bowel Preparation, if applicable PTA Medicine reconciliation Smoking Cessation Mobility and Activity Pain control and management (including Neuraxial anesthesia and/or TAP blocks) Length of stay after surgery Incentive Spirometry, if appropriate Diet Progression (patient to bring chewing gum) 	<ul style="list-style-type: none"> Patient understands goals for the next 24 hours: <ul style="list-style-type: none"> Ambulation as soon as possible Nutrition expectations (Diet Progression) Advantages to PO pain medication Smoking cessation Incentive spirometry 	<ul style="list-style-type: none"> Begin ostomy teaching(include family/caregiver), if applicable <ul style="list-style-type: none"> RN to reinforce Educate about ankle exercises and use of sequential compression device Smoking cessation Incentive Spirometry Verify: <ul style="list-style-type: none"> Discharge plan with Case Manager Home care needs and supplies 	<ul style="list-style-type: none"> Incentive Spirometry Ostomy teaching (include family/caregiver) continues, if applicable <ul style="list-style-type: none"> RN to reinforce Patient to empty pouch with assistance Educate about good hand hygiene, infection prevention Remove dressing and CHG cleanse around the site Reassess discharge planning with case manager <ul style="list-style-type: none"> Ostomy supplies set up, if applicable 	<ul style="list-style-type: none"> Education of discharge instructions: <ul style="list-style-type: none"> Wound care – cleaning Importance of increased PO fluid intake Drain care, if applicable Signs and symptoms of infection VTE Prophylaxis Importance of activity Resume Antiplatelet/Anticoagulant therapy, if applicable Diet Education Resource education: <ul style="list-style-type: none"> Understands process to obtain ostomy supplies Outpatient Wound Clinic, as needed Patient and family /caregiver empties and changes ostomy appliance Reinforcement of nutrition by Nutritionist, if necessary
ASSESSMENT TREATMENT	<ul style="list-style-type: none"> Risk assessment survey Allergy assessment Malnutrition screening Preoperative testing per Surgeon/Anesthesiologist Ostomy team or surgeon marks ostomy site, if indicated MRSA Screen with protocol, if applicable STOP – BANG Assessment Preoperative anemia 	<p>PRE-OP:</p> <ul style="list-style-type: none"> Pre-op nurse evaluation – document dates/times of last medications taken Anesthesia evaluation Ostomy marking complete, if applicable Sequential Compression Device PONV Assessment Consider warming device based on temperature Address glycemic control, if needed <p>POST-OP:</p> <ul style="list-style-type: none"> Consider warming blanket Control pain, nausea and vomiting Sequential compression device Incentive Spirometry 	<ul style="list-style-type: none"> Consider CBC Consider BMP Discontinue foley, or if unable, document reasoning Consider removal of NG, if present Pain Management Consider: <ul style="list-style-type: none"> Abdominal binder Multimodal pain control, encourage oral medication Minimize opioid /narcotic use Splinting 	<ul style="list-style-type: none"> Consider BMP, if ongoing IV fluids Consider CBC based on previous results Pain Management Consider: <ul style="list-style-type: none"> Abdominal binder Multimodal pain control, encourage oral medication Minimize opioid /narcotic use Splinting 	<ul style="list-style-type: none"> Any additional tests/evaluations required before discharge Verify pneumococcal/influenza vaccination status, and administer if applicable

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	PRE ADMISSION	DAY 0: DAY OF SURGERY	POST-OP DAY 1	POST-OP DAY 2-12	Discharge/Transition
MEDICATION	<ul style="list-style-type: none"> • Prior to admission medicine review • Surgeon /Anesthesia indicates which meds to hold and when to hold pre-op • For patients currently on beta blocker, continue beta blocker therapy during the perioperative period • Select bowel preparation 	<p>PRE-OP:</p> <ul style="list-style-type: none"> • Antibiotics: within 1 hour pre-incision. Except where indicated for 2 hours (i.e., vanco) (weight based dosing) • VTE prophylaxis prior to incision, after pain medication (neuraxial and/or TAP blocks) • Pain control per anesthesia & surgeon (including consideration for Neuraxial and /or TAP blocks) <p>INTRAOP:</p> <ul style="list-style-type: none"> • Goal directed fluid therapy (avoid fluid overload) • For prolonged surgery, re-dose antibiotics according to guidelines • Adjunct regional anesthesia recommended <p>POST-OP:</p> <ul style="list-style-type: none"> • Prophylactic antibiotics: Discontinue within 24 hours • Medication reconciliation • Continue beta blocker or document reason to hold • Address VTE prophylaxis 	<ul style="list-style-type: none"> • Consider restarting prior to admission medications • Verify antibiotics discontinued within 24 hours of the end of surgery. • Verify VTE prophylaxis initiated • IV to PO conversion, if tolerating diet advancement • Continue beta blocker or document reason to hold 	<ul style="list-style-type: none"> • Complete IV to PO conversion, if tolerating diet advancement • Consider restarting prior to admission medications 	<ul style="list-style-type: none"> • Discharge medication reconciliation <ul style="list-style-type: none"> - Resume antiplatelet/anticoagulant therapy, if applicable
ACTIVITY	<ul style="list-style-type: none"> • Shower with Chlorhexadine or antibacterial soap the night before and the day of surgery, or per hospital policy. • Provide patients with antibacterial preparation wipes to take home, if applicable 	<p>PRE-OP:</p> <ul style="list-style-type: none"> • Complete clipping • Complete Chlorhexadine cleanse <p>POST-OP:</p> <ul style="list-style-type: none"> • Deep breathing and coughing exercises <ul style="list-style-type: none"> - Incentive Spirometry • Ankle exercises, if not ambulating <ul style="list-style-type: none"> - Sequential Compression Device, if indicated • Walk from cart to bed if awake and alert • Out of bed to chair, if awake and alert • Walk in room if able, if awake and alert 	<ul style="list-style-type: none"> • Encourage ambulation, as tolerated • Up in chair with meals • Deep breathing and coughing exercises <ul style="list-style-type: none"> - Incentive Spirometry • Ankle exercises, if not ambulating <ul style="list-style-type: none"> - Sequential Compression Device, if indicated 	<ul style="list-style-type: none"> • Independently transfers and ambulates, at least 3 x daily • Up in chair with meals • Sequential Compression Device, if indicated • Deep breathing and coughing exercises <ul style="list-style-type: none"> - Incentive Spirometry 	<ul style="list-style-type: none"> • Independently transfers and ambulates at least 3x daily • Discontinue Sequential Compression Device • Deep breathing and coughing exercises <ul style="list-style-type: none"> - Incentive Spirometry
DIET	<ul style="list-style-type: none"> • As indicated by Nutrition consultation • Consider carbohydrate drinks • Consider new guidelines for shortened NPO duration • Preoperative bowel preparation 	<p>PRE-OP:</p> <ul style="list-style-type: none"> • Consider new guidelines for shortened NPO duration <p>POST-OP:</p> <ul style="list-style-type: none"> • If NG tube: NPO (ice chips sparingly) • If no NG tube: clear liquid , per surgeon, if no contraindications • Consider diet progression per surgeon, or hospital policy. • Chewing gum or hard candy 	<ul style="list-style-type: none"> • Diet progression per surgeon, or hospital policy. • Chewing gum or hard candy 	<ul style="list-style-type: none"> • Diet progression per surgeon, or hospital policy. • Chewing gum or hard candy 	<ul style="list-style-type: none"> • Diet as ordered per physician and as tolerated by patient