RADICAL CYSTECTOMY CLINICAL PATHWAY

Activities before Surgery

Day -7 to -14

Pre-op clinic visit

Surgery Teach: Discuss care map with patients and set expectations

Stomal Therapist Visit - Marking & Patient Education

Prehab with PT if needed or if getting neoadjuvant chemo Schedule followup visit for 2 weeks post-op

Consents signed

Day -1

Tap water or mineral oil enema at 8 pm (Your physician may ask you to do more)

NPO after midnight Patient drinks 8 oz of apple juice b/f midnight, 1 day prior

Day 0: Pre and Peri-operative Milestones

Pre-Op

8oz of apple juice 2 hours before surgery

SQ heparin 5000U

Entereg 12mg PO BID x 7 days *

Pain: Acetaminophen 1000mg po (then po Q6hr until discharge)

Fluids: If IV in place, LR at 50 ml/hr

Intra-Op

Antibiotics within 1 hour of start time

OG tube (removed at end of case) Pain: Robotic = PCA; Open = Epidural (preferred) or PCA

Fluid: Induction period: 7 ml/kg of LR over 30 min

Fluid: During surgery: 5 ml/kg/hr of LR. If UOP avail, target UOP of 0.3-0.5 ml/kg/hr

** In case of blood loss or hypotension, see below

Intra-Op

Fluid: In patients deemed clinically appropriate to have an arterial line placed, draw serum arterial lactates every hour to monitor for tissue ischemia, and administer fluid boluses of 4 ml/kg LR if lactate is increasing.

PACU

Pain: ketorolac*** 15 mg IV Q 6hrs (for up to 48 hrs)

Fluid: LR at 1 ml/kg/hr

Fluids: See dropdown to order one of: D5NS,

Fluid: Target urine output of 0.3-0.5 ml/kg/hr

** In case of hypotension, see quidelines below

Inpatient Milestones: ICU (5E) LOS = 1 day, Target Post-op LOS = 5 days

Day 0: Post-Op Orders (7SE or 5

Sips of clear liquid, chew gum

Abx: Cefazolin, metronidazole x 23 hours

CV: Beta blocker if indicated. Hydralazine PRN. (Neobladder)

Albuterol, if indicated

GI Meds PRN

Nausea: Ondansetron or Reglan

Incent Spir & Seq Compression Device until discharge

Day 0: Post-Op Orders (7SE or 5 East)

D51/2 NS, LR, D5LR. Wean fluids asap, encourage PO intake, lock IVFs once taking adequate PO.

Urethral Foley & Suprapubic Tube to gravity (Neobladder)****

Ureteral Stent to Gravity

SQ Heparin 5000U SQ TID

JP to Mobility: Dangle at bulb edge of bed Day 0 suction

Day

Diet: Clear Liquid Diet (If No Nausea, No Distention, No Belching/Hiccups)

PT & OT Evals on Day 1

After PT/OT visit. Walk 2-3 times on Day 1

Ostomy Nurse: check bandage/ wafer for right fit. Staff Nurse: Order Ostomy education & Starter kit

Day 1 contd

Remove vaginal packing (female) Labs: Hct x 3 days

Labs: Chem7. Ca-Mg-Phos daily until discharge

OT/PT: set up abdominal binder

Last updated: 11/9/15

^{*[}Entereg] - Not for patients with elevated creatinine.

^{**} If Blood loss (ml for ml), replace with colloid (5% albumin). If Hypotensive, treat with phenylephrine up to 0.8 mcg/kg/min or norepinephrine up to 0.04 mcg/kg/min. For hypotension not responsive to the suggested dose of vasopressor (only use one), administer 3 ml/kg of LR over 20 min and reassess.

^{***[}Ketorolac / Toradol U.S. Boxed Warning]: Contraindicated in patients with advanced renal impairment. Patients with moderately-elevated serum creatinine should use half the dose with a max of 60 mg/day **** For patients with CCUR, the foley catheter will be through the stoma.

RADICAL CYSTECTOMY CLINICAL PATHWAY

Patient

has post-

Inpatient Milestones: 7SE Floor LOS = 4 days, Target Post-op LOS = 5 days

Diet: Advance Sit up in chair 3-5 walks Daily PT Visit as Daily OT Visit: Ostomy Nurse does Day for all meals needed, until Advance with ADLs & to Regular Diet, per day until Ostomy Education as tolerated* until discharge discharge discharge Training to discharge (3 visits total) Flush Foley & SP Tube each Day 3 or 4: Social Work Floor RN does Diet: Advance to Pain: D/C Epidural Day assess for Home health with 60cc Sterile saline Qshift foley/Suprapubic teaching Start Oxycodone Regular Diet until and SNF qualifications & PRN (Neobladder/CCUR) daily until discharge discharge* after breakfast Pharmacy Ostomy Nurse does Order DME supplies if needed Coordinate Day Write Med Recon does Lovenox Ostomy Education

Evening: (Enterosomal, urinal catheter, Check JP Discharge orders by 6pm teaching (3 visits total) wound care supplies, OT, PT) creatinine transportation

Ostomy Nurse does Education,

Ostomy Supply Prescription.

by noon

stents with dose of Abx by 9am Post-Op Ostomy visit discharge meds** op appt Around 11 am: JP Creatinine if clinically Day 5 Discharge indicated. Remove JP prior to discharge if contd

Post-Discharge Outpatient Follow Up Milestones

If neobladder/CCUR, Communicate Discharge 48 - 72Plan communicated cvstogram/pouch-a-gram then Summary to PCP, Referring to all care providers hours staged removal of foley/SP Urologist and Med Oncologist

output <500 per day and JP Cr normal (if sent)

Shower

and dress

Post-discharge Post-Goal: Need Post-Op 1-2 Post-discharge operative Ostomy Nurse Visit testing (Labs, appointments weeks at 2 wks check-up Radiology)

* If No Nausea, No Distention, No Belching/Hiccups. Okay to start with full liquids and advance as tolerated to regular.

Early morning: If JP Creatinine

is normal, remove ureteral

Day

UW Medicine TRANSFORMATION OF CARE

After lunch, give

Ibuprofen; If NPO,

give ketorolac

Identify day of

discharge and

disposition

Floor Nurse

does Irrigation

Teaching

Last updated: 11/9/15

Floor Nurse & OP Pharmacy:

Confirm patient understands

^{**} Standard discharge meds: Colace, Oxycodone, Tylenol and Lovenox