

### Pre-operative work-up / assessment

Appointments	Meet with...	... to discuss
Additional consults for medical clearance as indicated	Surgeon	Surgery, H&P, consent
	Educator*	Pre-op education
	Nutrition	Tube feeds; pre-op & post-op nutrition
	Secretary	Sandostatin prescription
	Social Work	Support post-op; insurance
	<i>Physical Therapy</i>	As needed; limited mobility
	<b>Tests</b>	CXR ECG Labs: CBC / CMP / A1C / INR / Type&Screen**
<b>Education</b>	Nutrition	Tube feeds Pre-op diet
	Post-op care	Incentive spirometer Incision care DVT ppx HOB at 30°
	Drains / tubes	JP drains Gastrostomy / jejunostomy NG tube Foley catheter
	Medications	Day of surgery medications Coumadin / anticoagulation Bowel prep Sandostatin
<b>Communication</b>	Navigator will communicate with in-house team / R3 / R3 care coordinator - Include insurance information	

\* Educator is any health professional responsible for pre-op education

\*\* Type and screen must be extended specimen or within 3 days of surgery; must be done at MMC

	POD#0	POD#1	POD#2	POD#3 - 5	POD#6-?
<b>Medications</b>	Protonix 40 mg iv q12 hrs		Protonix suspension 40 mg q12 hrs via J-tube		
	Erythromycin 250 mg iv q6 hrs			d/c erythromycin pod#4	
	Octreotide 100-250 mg subcutaneous q8 hrs				
	Metoprolol 5 mg iv q6 hrs		PO or suspension metoprolol if needed		
	Metoclopramide 20 mg IV q8 hrs		Metoclopramide suspension 20 mg q8 hrs via J-tube		
	If stent: cefepime 1 gram q6 hrs			d/c cefepime pod#5	
			Docusate liquid 100 mg bid via J-tube Senna liquid qHS via J-tube *Bisacodyl suppository PRN		
<b>Fluids</b>	NS 125 – 150 ml/hr		D5 1/2 NS w K Decrease rate	d/c IVF as able 20 ml flush via J-tube q1 hr	
<b>Analgesia</b> * co-managed with APMS	Epidural / PCA		Epidural / PCA	D/C PCA and epidural	
	IV acetaminophen q6 hrs		Acetaminophen q6 hrs via J-tube		
	Toradol 15-30 mg IV q 6hrs x 7 doses		Liquid oxycodone via J-tube		
<b>Nutrition</b> * As tolerated	NPO	Ice chips	Clears	ADAT	Low fat diet
		D10 via J-tube at 10 ml/hr	Promote at 20 ml/hr via J-tube	Advance promote 10 ml q 6 hrs	Nocturnal TF
<b>Assessments</b>	Pain * Drain output / color * Incision * Vital signs * I/O				
<b>Tests</b>	Labs as needed No routine labs	CBC / CMP Magnesium	TPN panel Do not trend CBC	PRN	PRN
	Bedside glucose q6 hrs until taking tube feeds and level <180 for 24 hrs then PRN				
<b>Drains</b>	NG	Remove NG if ok with attending			
	Low intermittent suction; Do not flush or manipulate NG				
	Gastrostomy to gravity			Clamp G; vent PRN nausea	
	J-tube to gravity	Tube feeds (as per nutrition) / meds via jejunostomy			
	Foley catheter to gravity		D/C foley		
	JP drains to bulb suction; strip q 4 hrs; record output and color * See drain chart				
<b>Activity</b>	HOB > 30 degrees (lock bed) Ambulate as tolerated pod#1 – should ambulate 4 times daily				
<b>Teaching</b>	Start drain/tube teaching pod#0 – nursing and physician staff; include family in teaching early Patient should be performing drain care by pod#4				
<b>DVT ppx</b>	Compression sleeves when in bed or in chair				
	Heparin 7500 units q 12 hrs		Enoxaparin 40 mg q daily when epidural out		

Consults		
<b>All patients</b>		Place consults pod#0 or pod#1
	Nutrition	
	Physical therapy	Consult Occupational Therapy if recommended by PT
	Discharge planning	
	Manipulative medicine	
	Social Work	
	Navigator	Follow-up with surgery and medical oncology
<b>As indicated</b>		
	Geriatrics	If > 65 yo
	Medical Oncology	If no established medical oncologist
	Palliative care	If tumor is unresectable

Drain output		
Appearance	Volume	Action
Milky white Lymph	< 100 ml / 24 hrs Low output	Elemental tube feeds Clears
	> 100 ml / 24 hrs High output	TPN NPO
Grey fluid Pancreatic leak	< 30 ml / 24 hrs Low output	No change
	> 30 ml / 24 hrs High output	Elemental tube feeds Clears