

Activity

Patient and Family Education

Discharge Planning

Day 0 (Day of Surgery)

- Sequential compression devices worn in bed or chair (~20 hours/day)
- Out of Bed
- Sit in Chair
- Incentive Spirometer 10x/hour

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|--------------------------|--------------------------|-------------------------------|
| <u>Patient</u> | <u>Family</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction to Pathway |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall Prevention education |
| <input type="checkbox"/> | <input type="checkbox"/> | Incentive Spirometer teaching |

If You Have An Ostomy:

- Introduction to Ostomy Checklist
(bedside nurse will review with patient)

- Identify contact for ride home upon discharge

Day 1 (1 Day After Surgery)

- Sequential compression devices worn in bed or chair (~20 hours/day)
- Ankle Pumps 10x/hour
- Sit in Chair 3-4 hours (3x)
- 15-20 minute walk in hall (4-6x)
- Incentive Spirometer/Triflow (10x/hour)
- Physical and/or Occupational Therapy (PT/OT) as needed

- | | | |
|--------------------------|--------------------------|--|
| <u>Patient</u> | <u>Family</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Review Pathway |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall prevention education |
| <input type="checkbox"/> | <input type="checkbox"/> | Reinforce Incentive Spirometer |
| <input type="checkbox"/> | <input type="checkbox"/> | Observe Enoxaparin (Lovenox®) administration |
| <input type="checkbox"/> | <input type="checkbox"/> | Learn signs and symptoms of wound infection |
| <input type="checkbox"/> | <input type="checkbox"/> | Begin wound care education, <i>if needed</i> |

If You Have An Ostomy:

- Ostomy Care: Introduction to ostomy team, review folder, and update checklist
- View education ostomy DVD for review

- Discuss vendors options for post-discharge services and equipment needs with Care Manager
- Identify Home Support

Day 2 (2 Days After Surgery)

- Sequential compression devices worn in bed or chair (~20 hours/day)
- Ankle Pumps 10x/hour
- Sit in Chair 3-4 hours (3x)
- 15-20 minute walk in hall (4-6x)
- Incentive Spirometer/Triflow (10x/hour)
- Physical and/or Occupational Therapy (PT/OT) as needed

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|--------------------------|--------------------------|---|
| <u>Patient</u> | <u>Family</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Review Pathway |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall prevention education |
| <input type="checkbox"/> | <input type="checkbox"/> | Dehydration education (<i>if needed</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrate Enoxaparin (Lovenox®) with assistance |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrate wound care with assistance (<i>if needed</i>) |

If You Have An Ostomy:

- Ostomy care: Demonstration of appliance change with assistance
- Update progress on ostomy checklist
- View educational ostomy DVD for review

- Discuss discharge plan with nurse care manager
- Discuss planned date of discharge with Care Team
- Arrange transportation or ask for assistance

Day 3 (3 Days After Surgery)

- Sequential compression devices worn in bed or chair (~20 hours/day)
- Ankle Pumps 10x/hour
- Sit in Chair 3-4 hours (3x)
- 15-20 minute walk in hall (4-6x)
- Incentive Spirometer/Triflow (10x/hour)
- Physical and/or Occupational Therapy (PT/OT) as needed

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|--------------------------|--------------------------|---|
| <u>Patient</u> | <u>Family</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Verbalize plan for staple removal, if needed |
| <input type="checkbox"/> | <input type="checkbox"/> | Home health care information provided to patient and family |
| <input type="checkbox"/> | <input type="checkbox"/> | Dehydration education (<i>if needed</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrate independent administration of Enoxaparin (Lovenox®) |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrate independent wound care (<i>if needed</i>) |

If You Have An Ostomy:

- Ostomy care: Assisted and/or independent appliance change and care
- Update progress on ostomy checklist
- View educational ostomy DVD for review

- Confirm ride home at discharge
- If ostomy, determine and order supplies needed
- Pick up medications

KEYS TO DISCHARGE

- Vital signs are stable**
- No fevers**
- Adequate pain control** with oral medication
- Fluid needs are met:**
 - >1 liter per day
 - Tolerant of solids
- No new signs of infection**
- Urinate without difficulty** or plan in place to manage urination
- Minimized time in bed** when not asleep
- Increasing independence of self-care** with regular daily functions: eating, bathing, dressing, toileting, transferring, walking, continence
- Patient/Family demonstrates competence** with ostomy, wound, and drain care (as applicable)
- Transportation available**

Before leaving, confirm you:

- Understand your continuity follow-up plan
- Have your discharge paperwork
- Picked up your Enoxaparin (Lovenox®) and other medications
- Ordered your ostomy supplies (if needed)
- Scheduled your follow-up appointments:
 - Follow-up with surgeon (3-6 weeks post-discharge)
 - Post-discharge phone call
 - Follow-up with ostomy nurses, if needed

	Day 0 (Day of Surgery)	Day 1 (Day After Surgery)	Day 2 (2 Days After Surgery)	Day 3 (3 Days After Surgery)
Consults	<p>If consulted, seen by:</p> <ul style="list-style-type: none"> • Social Work • Nutrition • Wound Ostomy Care Team • Physical and/or Occupational Therapy 	<p>If consulted, seen by:</p> <ul style="list-style-type: none"> • Social Work • Nutrition • Wound Ostomy Care Team • Physical and/or Occupational Therapy 	<p>If consulted, seen by:</p> <ul style="list-style-type: none"> • Social Work • Nutrition • Wound Ostomy Care Team • Physical and/or Occupational Therapy 	<p>If consulted, ensure patient has been seen by:</p> <ul style="list-style-type: none"> • Social Work • Nutrition • Wound Ostomy Care Team • Physical and/or Occupational Therapy
Nutrition & Hydration	<ul style="list-style-type: none"> • Sips of clear liquid, bites of food - progress by how you feel • IV fluids as ordered • Chewing gum if ordered by surgeon (20 minutes, 3x/day) 	<ul style="list-style-type: none"> • Advance diet as tolerated to low-fiber/soft-foods diet (if no abdominal distention, nausea, vomiting) • IV fluid as ordered (stop IV fluids if ready) • Chewing gum if ordered by surgeon (20 minutes, 3x/day) 	<ul style="list-style-type: none"> • Regular or low residue diet if no nausea, vomiting, or distension • Chewing gum if ordered by surgeon (20 minutes, 3x/day) 	<ul style="list-style-type: none"> • Regular or low residue diet if no nausea, vomiting, or distension • Chewing gum if ordered by surgeon (20 minutes, 3x/day)
Wound & Drain Care	<ul style="list-style-type: none"> • Dressing care, as instructed • Assess surgical dressing for saturation • If sterile dressing, leave on for 48 hours • Foley • Jackson Pratt Drain, if present 	<ul style="list-style-type: none"> • Dressing care, as instructed • Monitor wound • Remove foley in AM, only if ordered by surgeon • Urinate on timed schedule • Bladder scan with catheterization if needed • Jackson Pratt Drain, if present 	<ul style="list-style-type: none"> • Dressing care, as instructed • Monitor wound • If foley is still present, remove in AM unless otherwise indicated • Urinate on timed schedule • Jackson Pratt Drain, if present 	<ul style="list-style-type: none"> • Dressing care, as instructed • Monitor wound • If foley is still present, remove in AM unless otherwise indicated • Urinate on timed schedule • Discuss plan for Jackson Pratt Drain removal, if present
Pain & Medications	<p>IV pain medication, oral medication as tolerated:</p> <ul style="list-style-type: none"> • Acetaminophen (Tylenol®) (oral) • Ketorolac (Toradol®) (IV) • Patient-controlled analgesia pump (PCA) overnight, or epidural (IV) • Gabapentin (Neurontin®) if prescribed <p>Other Medications:</p> <ul style="list-style-type: none"> • Medication to treat nausea/vomiting as needed • Alvimopan (Entereg®), if prescribed 	<p>Transition to oral pain medications:</p> <ul style="list-style-type: none"> • Acetaminophen (Tylenol®) • Ibuprofen (Advil®, Motril®) • Oxycodone as needed • Gabapentin (Neurontin®) if prescribed <p>Other Medications:</p> <ul style="list-style-type: none"> • Medication to treat nausea/vomiting as needed • Enoxaparin (Lovenox®) injections - administered before 6pm • Alvimopan (Entereg®) 2x/day 	<p>Oral pain medications:</p> <ul style="list-style-type: none"> • Acetaminophen (Tylenol®) • Ibuprofen (Advil®, Motril®) • Oxycodone as needed • Gabapentin (Neurontin®) if prescribed <p>Other Medications:</p> <ul style="list-style-type: none"> • Medication to treat nausea/vomiting as needed • Enoxaparin (Lovenox®) injections - administered before 6pm • Alvimopan (Entereg®) 2x/day 	<p>Oral pain medications:</p> <ul style="list-style-type: none"> • Acetaminophen (Tylenol®) • Ibuprofen (Advil®, Motril®) • Oxycodone as needed • Gabapentin (Neurontin®) if prescribed <p>Other Medications:</p> <ul style="list-style-type: none"> • Medication to treat nausea/vomiting as needed • Enoxaparin (Lovenox®) injections - administered in the morning on day of discharge
Labs	<p>Bloodwork and other specimens performed in the evening (11pm)</p>	<p>Bloodwork and other specimens ONLY as determined by care team</p>	<p>Bloodwork and other specimens ONLY as determined by care team</p>	<p>Bloodwork and other specimens ONLY as determined by care team</p>
Discharge Planning	<p>Bedside Nurse:</p> <ul style="list-style-type: none"> • Assess social support and identify ride home upon discharge 	<p>Nurse Care Manager:</p> <ul style="list-style-type: none"> • Confirm insurance coverage for post-acute services, visiting nurse, home care equipment, and other additional services as needed • Evaluate discharge needs and other available resources for care (if needed: visiting nurse, wound care, wound supplies) • Identify home support • Begin developing a discharge plan and determine needs after discharge <p>Physician Assistant:</p> <ul style="list-style-type: none"> • Email the Transitions of Care team to initiate preauthorization for Enoxaparin (Lovenox®) to confirm insurance coverage 	<p>Nurse Care Manager:</p> <ul style="list-style-type: none"> • Determine post-discharge needs • Identify and initiate needed referrals (ie home care, ostomy supplies, PT/OT at home) • Verify confirmation of coverage for Enoxaparin (Lovenox®) with medical care team • Determine discharge date and plan with care team • Confirm ride home at discharge and arrange transportation if needed • If needed, identify vendors for post-acute services. Confirm start of care date for home care agency, subacute facilities, etc. once discharge is confirmed <p>Care Team:</p> <ul style="list-style-type: none"> • Send prescriptions to pharmacy as needed <ul style="list-style-type: none"> • Enoxaparin (Lovenox®) • Oxycodone 	<p>Nurse Care Manager:</p> <ul style="list-style-type: none"> • Initiate discharge plan and cover post-discharge needs • Follow-up on any insurance issues as it relates to home care services and next level of care; update patient and family about patient pay amount • Confirm ride home at discharge and arrange transportation if needed (only if wheelchair van or ambulance needed) • Determine ostomy supplies for patient and additional information/ resources needed. Order ostomy supplies and confirm insurance coverage for supplies. <p>Care Team:</p> <ul style="list-style-type: none"> • Confirm medications ready for pick-up at Taubman Pharmacy, notify patient to pick-up prior to discharge: <ul style="list-style-type: none"> • Enoxaparin (Lovenox®) • Oxycodone