# Patient Pathway for Colorectal Surgery

## 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

## 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

## 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)

## 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

### Keys to Discharge
- **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

### Before leaving, confirm you:
- **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**

### Patient and Family Education
- **If You Have An Ostomy**:
  - Introduction to Ostomy Checklist (bedside nurse will review with patient)
  - Ostomy Care: Introduction to ostomy team, review folder, and update checklist
  - View educational ostomy DVD for review
  - Discuss vendors options for post-discharge services and equipment needs with Care Manager
  - Identify Home Support

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

- **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

- **If You Have An Ostomy**:
  - Verbalize plan for staple removal, if needed
  - Home health care information provided to patient and family
  - Dehydration education (if needed)
  - Demonstrate independent administration of Enoxaparin (Lovenox®)
  - Demonstrate independent wound care (if needed)

- **If You Have An Ostomy**:
  - Confirm ride home at discharge
  - If ostomy, determine and order supplies needed
  - Pick up medications

### Discharge Planning
- **Identify contact for ride home upon discharge**

### 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)

**If consulted, seen by:**
- Social Work
- Nutrition
- Wound Ostomy Care Team
- Physical and/or Occupational Therapy

- 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)

**Bedside Nurse:**
- Assess social support and identify ride home upon discharge

**Discharge Planning**
- Confirm start of care date for home care agency, subacute facilities, etc. once discharge is confirmed

**Nutrition & Hydration**
- Bloodwork and other specimens only as determined by care team

**Wound & Drain Care**
- Bloodwork and other specimens performed in the evening (11 pm)
- If sterile dressing, leave on for 48 hours
- If foley is still present, remove in AM unless otherwise indicated
- Bladder scan with catheterization if needed

**IV pain medication, oral medication as tolerated:**
- Acetaminophen (Tylenol®) (oral)
- Ketorolac (Toradol®) (IV)
- Patient-controlled analgesia pump (PCA) overnight, or epidural (IV)
- Gabapentin (Neurontin®) if prescribed

**Other Medications:**
- Medication to treat nausea/vomiting as needed
- Alvimopan (Entereg®), if prescribed

**Transition to oral pain medications:**
- Acetaminophen (Tylenol®)
- Ibuprofen (Advil®, Motrin®)
- Oxycodone as needed
- Gabapentin (Neurontin®) if prescribed

**Other Medications:**
- Medication to treat nausea/vomiting as needed
- Enoxaparin (Lovenox®) injections - administered before 6pm
- Alvimopan (Entereg®) 2x/day

**Nurse Care Manager:**
- 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

**Physician Assistant:**
- Email the Transitions of Care team to initiate preauthorization for Enoxaparin (Lovenox®) to confirm insurance coverage

### Day 1 (After Surgery)

**If consulted, seen by:**
- Social Work
- Nutrition
- Wound Ostomy Care Team
- Physical and/or Occupational Therapy

- 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)

**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

**Oral pain medications:**
- Acetaminophen (Tylenol®)
- Ibuprofen (Advil®, Motrin®)
- Oxycodone as needed
- Gabapentin (Neurontin®) if prescribed

**Other Medications:**
- Medication to treat nausea/vomiting as needed
- Enoxaparin (Lovenox®) injections - administered before 6pm
- Alvimopan (Entereg®) 2x/day

**Nurse Care Manager:**
- Identify 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

**Care Team:**
- Send prescriptions to pharmacy as needed
  - Enoxaparin (Lovenox®)
  - Oxycodone

### Day 2 (2 Days After Surgery)

**If consulted, seen by:**
- Social Work
- Nutrition
- Wound Ostomy Care Team
- Physical and/or Occupational Therapy

- Regular or low residue diet if no nausea, vomiting, or distension
- Chewing gum if ordered by surgeon (20 minutes, 3x/day)

**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

**Oral pain medications:**
- Acetaminophen (Tylenol®)
- Ibuprofen (Advil®, Motrin®)
- Oxycodone as needed
- Gabapentin (Neurontin®) if prescribed

**Other Medications:**
- Medication to treat nausea/vomiting as needed
- Enoxaparin (Lovenox®) injections - administered in the morning on day of discharge

**Nurse Care Manager:**
- 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.

**Care Team:**
- Confirm medications ready for pick-up at Taubman Pharmacy, notify patient to pick-up prior to discharge:
  - Enoxaparin (Lovenox®)
  - Oxycodone

### Day 3 (3 Days After Surgery)

**If consulted, ensure patient has been seen by:**
- Social Work
- Nutrition
- Wound Ostomy Care Team
- Physical and/or Occupational Therapy

- Regular or low residue diet if no nausea, vomiting, or distension
- Chewing gum if ordered by surgeon (20 minutes, 3x/day)

**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

**Oral pain medications:**
- Acetaminophen (Tylenol®)
- Ibuprofen (Advil®, Motrin®)
- Oxycodone as needed
- Gabapentin (Neurontin®) if prescribed

**Other Medications:**
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**Bedside Nurse:**
- Assess social support and identify ride home upon discharge

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**Nurse Care Manager:**
- Identify 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
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**Care Team:**
- Send prescriptions to pharmacy as needed
  - Enoxaparin (Lovenox®)
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