

# Patient Pathway for Head & Neck Free Flap Surgery

To be filled out by patient and family

People you may meet:  
 Attending Physician/Surgeons    Resident(s)    RNs/Nurses  
 Nurse Practitioners    Speech Therapy    Nutrition  
 Respiratory Therapy    Care Manager(s)    Social Work  
 Physical Therapy/Occupational Therapy

Actions

Day 1	Day 2	Day 3	Day 4
<ul style="list-style-type: none"> <li>Leg Pumps - wear at all times when in bed or chair</li> <li>Sit in Chair 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Incentive Spirometer 10x/hour every day while awake</li> <li>Walk in Hall at least 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Oxygen via Trach Mask</li> <li>Suction every 4 hrs and as needed</li> <li>Trach Care 3x/day</li> <li>Patient-Controlled Analgesia (PCA)</li> <li>Anti-nausea meds as needed</li> <li>Incision care 3x/day</li> <li>Oral care 4-6x/day</li> <li>Strip drain &amp; measure output every 4hrs</li> <li>Remove drain per provider discretion</li> <li>IV fluids</li> <li>Start continuous tube feedings</li> <li>Discontinue Foley</li> <li>Urinate every 6 hrs or intermittent straight cath (ISC)</li> <li>Stool/Constipation check - save all urine &amp; stool for RN</li> <li>Begin stool softener</li> </ul> <p><b>Hourly</b></p> <ul style="list-style-type: none"> <li>Flap Check (color, cap refill)</li> <li>Doppler</li> <li>Donor site</li> <li>Graft Site</li> </ul>	<ul style="list-style-type: none"> <li>Leg Pumps - wear at all times when in bed or chair</li> <li>Sit in Chair 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Incentive Spirometer 10x/hour every day while awake</li> <li>Walk in Hall at least 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Oxygen via Trach Mask</li> <li>Suction every 4 hrs and as needed</li> <li>Trach Care 3x/day</li> <li>Continue Patient-Controlled Analgesia (PCA)</li> <li>Anti-nausea meds as needed</li> <li>Incision care 3x/day</li> <li>Oral care 4-6x/day</li> <li>Strip drain &amp; measure output every 4hrs</li> <li>Remove drain per provider discretion</li> <li>IV fluids</li> <li>Increase tube feeding rate as tolerated</li> <li>Continue to measure output</li> <li>Urinate every 6 hrs or intermittent straight cath (ISC)</li> <li>Stool/Constipation check - save all urine &amp; stool for RN</li> </ul> <p><b>Hourly</b></p> <ul style="list-style-type: none"> <li>Flap Check (color, cap refill)</li> <li>Doppler</li> <li>Donor site</li> <li>Graft Site</li> </ul>	<ul style="list-style-type: none"> <li>Leg Pumps - wear at all times when in bed or chair</li> <li>Sit in Chair 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Incentive Spirometer 10x/hour every day while awake</li> <li>Walk in Hall at least 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Wean to humidified air</li> <li>Suction every 4 hrs and as needed</li> <li>Trach Care 3x/day</li> <li>Continue Patient-Controlled Analgesia (PCA)</li> <li>Anti-nausea meds as needed</li> <li>Incision care 3x/day</li> <li>Oral care 4-6x/day</li> <li>Strip drain &amp; measure output every 4hrs</li> <li>Remove drain per provider discretion</li> <li>IV fluids</li> <li>Increase tube feeding rate as tolerated</li> <li>Continue to measure output</li> <li>Patient should have bowel movement</li> <li>Stool/Constipation check - save all urine &amp; stool for RN</li> </ul> <p><b>Every 2 hours</b></p> <ul style="list-style-type: none"> <li>Flap Check (color, cap refill)</li> <li>Doppler</li> <li>Donor site</li> <li>Graft Site</li> </ul>	<ul style="list-style-type: none"> <li>Leg Pumps - wear at all times when in bed or chair</li> <li>Sit in Chair 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Incentive Spirometer 10x/hour every day while awake</li> <li>Walk in Hall at least 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Humidified room air</li> <li>Suction every 4 hrs and as needed</li> <li>Trach Care 3x/day</li> <li>Discontinue Patient-Controlled Analgesia (PCA)</li> <li>Anti-nausea meds as needed</li> <li>Incision care 3x/day</li> <li>Oral care 4-6x/day</li> <li>Strip drain &amp; measure output every 4hrs</li> <li>Remove drain per provider discretion</li> <li>Saline lock IV, water via feeding tube</li> <li>Tube feeding at goal, belus</li> <li>Continue to measure output</li> <li>Patient should have bowel movement</li> <li>Stool/Constipation check - save all urine &amp; stool for RN</li> </ul> <p><b>Every 2 hours</b></p> <ul style="list-style-type: none"> <li>Flap Check (color, cap refill)</li> <li>Doppler</li> <li>Donor site</li> <li>Graft Site</li> </ul>

Notes

**KEYS TO DISCHARGE**

- No fever & stable vital signs**
- Move bowel & bladder** without difficulty or alternate plan in place
- Out of bed most of the day**
- Increasing independence of self care**
- Demonstrates competence** with tube feedings, airway, meds, wounds (as applicable)
- Able to tolerate** recommended diet
- Determined Plan for Discharge Supplies, Equipment, post-acute services, & other needs with Care Manager**
- My planned discharge date is:**  
 \_\_\_\_\_  
 (Subject to changes by your physician)
- How will you be getting home** upon discharge?  
 \_\_\_\_\_ (List Name)
- Who will be helping you at home?**  
 \_\_\_\_\_ (List Name(s))

Patient and Family Education

Patient Family	Patient Family	Patient Family	Patient Family
<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 <input type="checkbox"/> <input type="checkbox"/> Signs & Symptoms of wound infection <input type="checkbox"/> <input type="checkbox"/> Incision &/or wound care education <input type="checkbox"/> <input type="checkbox"/> Home Health Care Information Provided <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Medication Administration <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Tube Feedings <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Suctioning <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Tracheostomy Care <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Incision Care	<input type="checkbox"/> <input type="checkbox"/> Re-introduction to Pathway <input type="checkbox"/> <input type="checkbox"/> Fall Prevention education <input type="checkbox"/> <input type="checkbox"/> Reinforced Incentive Spirometer teaching <input type="checkbox"/> <input type="checkbox"/> Signs & Symptoms of wound infection <input type="checkbox"/> <input type="checkbox"/> Incision &/or wound care education, if needed <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Medication Administration <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Tube Feedings <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Suctioning <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Tracheostomy Care <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Incision Care	<input type="checkbox"/> <input type="checkbox"/> Re-introduction to Pathway <input type="checkbox"/> <input type="checkbox"/> Fall Prevention education <input type="checkbox"/> <input type="checkbox"/> Reinforced Incentive Spirometer teaching <input type="checkbox"/> <input type="checkbox"/> Signs & Symptoms of wound infection <input type="checkbox"/> <input type="checkbox"/> Incision &/or wound care education, if needed <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Medication Administration <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Tube Feedings <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Suctioning <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Tracheostomy Care <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Incision Care	<input type="checkbox"/> <input type="checkbox"/> Re-introduction to Pathway <input type="checkbox"/> <input type="checkbox"/> Fall Prevention education <input type="checkbox"/> <input type="checkbox"/> Reinforced Incentive Spirometer teaching <input type="checkbox"/> <input type="checkbox"/> Signs & Symptoms of wound infection <input type="checkbox"/> <input type="checkbox"/> Incision &/or wound care education, if needed <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Medication Administration <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Tube Feedings <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Suctioning <input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Tracheostomy Care <input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Incision Care

**Before leaving, confirm you:**

- Understand your follow-up plan
- Have and understand your discharge paperwork
- Understand how to take all new medications and plan for pain control at home
- Pick up your medications, or know where to get them from
- Ensure portable suction machine and other medical equipment are present (you will be provided with a 3 day supply of needed supplies at discharge)

**Notes**

	Day 5	Day 6	Day 7	Beyond Day 7
<b>Actions</b>	<ul style="list-style-type: none"> <li>Leg Pumps - wear at all times when in bed or chair</li> <li>Sit in Chair 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Incentive Spirometer 10x/hour every day while awake</li> <li>Walk in Hall at least 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Humidified room air</li> <li>Suction every 4 hrs and as needed</li> <li>Trach Care 3x/day</li> <li>Pain meds via Feeding Tube</li> <li>Anti-nausea meds as needed</li> <li>Incision care 3x/day</li> <li>Oral care 4-6x/day</li> <li>Strip drain &amp; measure output every 4hrs</li> <li>Remove drain per provider discretion</li> <li>Saline lock IV</li> <li>Tube feeding at goal</li> <li>Continue to measure output</li> <li>Patient should have bowel movement</li> <li>Stool/Constipation check - save all urine &amp; stool for RN</li> </ul> <p><b>Every 4 hours</b></p> <ul style="list-style-type: none"> <li>Flap Check (color, cap refill)</li> <li>Doppler</li> <li>Donor site</li> <li>Graft Site</li> </ul>	<ul style="list-style-type: none"> <li>Leg Pumps - wear at all times when in bed or chair</li> <li>Sit in Chair 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Incentive Spirometer 10x/hour every day while awake</li> <li>Walk in Hall at least 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Humidified room air</li> <li>Suction every 4 hrs and as needed</li> <li>Trach Care 3x/day</li> <li>Pain meds via Feeding Tube</li> <li>Anti-nausea meds as needed</li> <li>Incision care 3x/day</li> <li>Oral care 4-6x/day</li> <li>Strip drain &amp; measure output every 4hrs</li> <li>Remove drain per provider discretion</li> <li>Tube feeding at goal</li> <li>Continue to measure output</li> <li>Stool/Constipation check - save all urine &amp; stool for RN</li> </ul> <p><b>Every 4 hours</b></p> <ul style="list-style-type: none"> <li>Flap Check (color, cap refill)</li> <li>Doppler</li> <li>Donor site</li> <li>Graft Site</li> </ul>	<ul style="list-style-type: none"> <li>Leg Pumps - wear at all times when in bed or chair</li> <li>Sit in Chair 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Incentive Spirometer 10x/hour every day while awake</li> <li>Walk in Hall at least 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>Humidified room air</li> <li>Suction every 4 hrs and as needed</li> <li>Trach Care 3x/day</li> <li>Pain meds via Feeding Tube</li> <li>Anti-nausea meds as needed</li> <li>Incision care 3x/day</li> <li>Oral care 4-6x/day</li> <li>Strip drain &amp; measure output every 4hrs</li> <li>Remove drain per provider discretion</li> <li>Tube feeding at goal</li> <li>Continue to measure output</li> <li>Stool/Constipation check - save all urine &amp; stool for RN</li> <li>Reason for prolonged stay: <input type="checkbox"/> Return to OR <input type="checkbox"/> Fistula <input type="checkbox"/> Hematoma <input type="checkbox"/> Wound Infection</li> </ul> <p><b>Every 4 hours</b></p> <ul style="list-style-type: none"> <li>Flap Check (color, cap refill)</li> <li>Doppler</li> <li>Donor site</li> <li>Graft Site</li> </ul>	<p>Barriers to Discharge:</p> <p><input type="checkbox"/> Infection</p> <p><input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> Wound Monitoring</p> <p><input type="checkbox"/> Ride Home</p> <p><input type="checkbox"/> Other: _____</p>
<b>Patient and Family Education</b>	<p><u>Patient Family</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Re-introduction to Pathway</p> <p><input type="checkbox"/> <input type="checkbox"/> Fall Prevention education</p> <p><input type="checkbox"/> <input type="checkbox"/> Reinforced Incentive Spirometer teaching</p> <p><input type="checkbox"/> <input type="checkbox"/> Signs &amp; Symptoms of wound infection</p> <p><input type="checkbox"/> <input type="checkbox"/> Incision &amp;/or wound care education, if needed</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Medication Administration</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Tube Feedings</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Suctioning</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Tracheostomy Care</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Observed</b> Incision Care</p>	<p><u>Patient Family</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Re-introduction to Pathway</p> <p><input type="checkbox"/> <input type="checkbox"/> Fall Prevention education</p> <p><input type="checkbox"/> <input type="checkbox"/> Reinforced Incentive Spirometer teaching</p> <p><input type="checkbox"/> <input type="checkbox"/> Signs &amp; Symptoms of wound infection</p> <p><input type="checkbox"/> <input type="checkbox"/> Incision &amp;/or wound care education, if needed</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Medication Administration</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Tube Feedings</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Suctioning</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Tracheostomy Care</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Assisted</b> Incision Care</p>	<p><u>Patient Family</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Re-introduction to Pathway</p> <p><input type="checkbox"/> <input type="checkbox"/> Fall Prevention education</p> <p><input type="checkbox"/> <input type="checkbox"/> Reinforced Incentive Spirometer teaching</p> <p><input type="checkbox"/> <input type="checkbox"/> Signs &amp; Symptoms of wound infection</p> <p><input type="checkbox"/> <input type="checkbox"/> Incision &amp;/or wound care education, if needed</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Medication Administration</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Tube Feedings</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Suctioning</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Tracheostomy Care</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> Incision Care</p>	