

**Postoperative -  
Inpatient to  
discharge**

**PACU handoff to Inpatient Nurse**

- Report length of time in PACU
- Provide info on medications administered in the OR and PACU (including analgesics),
- Patient's overall status while in PACU

**Postoperative Surgical Management**

**Urology Enhanced Recovery Post Op Order Set**

- **Diet:**
  - Clears day of surgery/regular diet next day
- **OR**
- Sips of clears (to be advanced by surgery team)
- **IV Fluids:** goal is to d/c once tolerating PO
- **Ambulation:**
  - POD 0- up ad lib
  - POD 1- up to ambulate or chair as tolerated 3x/day
- **Incentive Spirometry**
- **Medications:**
  - Cefoxitin standard dosing x 48 hours
  - Ondansetron prn

- Assess pain q4 hr or PRN
- Initiate clear liquids; advance diet as tolerated

Epidural or ESP  
Catheters  
in place?

Pain team continues  
to follow patient

Is patient  
tolerating PO pain  
medication?

Pain team signs off  
Primary team  
writes pain orders

Main discharge criteria:

**Bowel regimen:**  
• Daily bowel movement with prescribed regiment (refer orders).

**Urine:**  
• Urine output 1cc/kg/hr or 30cc/hr  
• Caregivers comfortable with bladder care

**Pain control:**  
• Tolerating oral pain meds

**PONV & Diet:**  
• Tolerate regular diet

**Ambulation:**  
• Ambulate 3x/day for eligible patients  
• Or majority of day out of bed  
• Consider P.T. consult

Does pt meet discharge criteria?

Discharge home with post-operative follow up visit in three to four weeks

- [Prior to surgery algorithm](#)
- [Pre&Intra-operative algorithm](#)
- [Post-op PACU algorithm](#)

- Abbreviations (laboratory and radiology studies excluded):**
- ESP-
  - NSAIDs- nonsteroidal anti inflammatory drugs
  - PACU - post anesthesia care unit
  - OR - operating room
  - PONV- post-op nausea/vomiting
  - PRN- as needed
  - P.T. - physical therapy