



Postoperative - PACU

- PACU order sets/reminders**
- Consult Acute Pain Service for assistance writing epidural/ESP catheter orders
 - Avoid PCA
 - Minimize narcotics
 - Administer ABX if indicated
 - Set-up maintenance IV Fluids

- Postoperative Pain Management by Pain Team**
- ▶ **Continue Epidural/ESP catheters/TAP catheters** until return of bowel function and tolerating normal diet
 - ▶ **IV/PO analgesics**
 - Acetaminophen 15 mg/kg PO q6 hr x 72 hrs scheduled (max 15 mg per dose)
 - NSAIDs
 - Ketorolac 0.5 mg/kg IV q6 hr x 72 hrs scheduled (max 15 mg per dose)
 - Ibuprofen 10 mg/kg PO q 8 hr scheduled, once taking PO and off ketorolac
 - Consider ketamine infusion
 - Consider dexmedetomidine infusion
 - Consider clonidine prn (if not in epidural)
 - Opioids: IV opioid only for breakthrough on POD #0-1 and/or not tolerating a diet
 - Hydromorphone 5 - 10 mcg/kg q 2 hr prn
 - Oxycodone 0.1 - 0.2 mg/kg PO q 3 hr prn
 - ▶ **Last line: Hydromorphone PCA**

- PACU/anesthesia discharge criteria**
- Pain managed
 - Pt can maintain airway on their own
 - Vital signs stable

- Abbreviations (laboratory and radiology studies excluded):**
- ABX- antibiotics
 - ESP - erector spinae plane
 - IV Fluids-intravenous fluids
 - NSAIDs - nonsteroidal anti-inflammatory drugs
 - PACU - post anesthesia care unit
 - PCA - patient controlled analgesia
 - POD - postoperative day
 - TAP - transverse abdominal plane

Does patient meet PACU/anesthesia discharge criteria?

Consult with anesthesiologist for disposition

Transfer to Inpatient Unit

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

This care process model is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgement which should be applied based upon the individual circumstances and clinical condition of the patient.