

TORS Intubated Pathway

POD #0

- left intubated postop -> SICU
- SQ heparin, IV unasyn, IV zantac 50 q 8, morphine PCA, nutrition consult (CNSS), telemetry/cont. pulse ox
- dexamethasone 6 mg IV q6hr, (if blood sugars are greater than 200, put on a sliding scale and get a diabetes consult for management, or let the team know)
- KUB to confirm DHT placement, remove wire
- continue home meds. (They SHOULD be on gabapentin 300mg TID which was started during the pre TORS neck dissection in which case resume as this dose. If they are NOT then start them on 100 TID first day, then 200 TID 2nd day, then 300 TID 3rd day and forward)
- lab: cbc/coag/panel7

POD #1

- F/U CNSS recs and start TEN via DHT
- restart home meds via Dobhoff (hold ASA/Plavix/Coumadin/NSAIDs)
- (They SHOULD be on gabapentin 300mg TID which was started during the pre TORS neck dissection in which case resume as this dose. If they are NOT then start them on 100 TID first day, then 200 TID 2nd day, then 300 TID 3rd day and forward)
- labs: TEN Panel

POD #2

- extubate 48-72 hrs postop
- start oxycodone liquid, d/c PCA
- Act: advance to OOB to chair/commode
- D/C Foley Catheter
- wean O2
- confirm TEN @ goal, then heplock IVF
- labs: Panel 7
- PT/OT/PMR consult if patient expected to need rehab/SNF

POD #3

- extubate if not already performed
- in SICU until 24 hrs after extubation -> transfer to floor to an ENT Observation bed OR if kept intubated until POD #3, may transfer to floor in afternoon after 6-8 hours of ICU monitoring

Act: OOB to hallway TID

TEN teaching

F/U PT/OT/PMR recs if needed

F/U dispo planning

POD #4

labs: Panel 7

D/c to home after S/S eval with the following scripts:

(Augmentin, Medrol Dosepak, pain meds, stool softener, Ranitidine, TEN script) ALL LIQUID