Penn Medicine

LIVING LIVER DONOR CLINICAL PATHWAY (INPATIENT STAY)

Expected LOS: 6 days

CLINICAL GOALS FOR TRANSITION

PACU→SICU	**Epidural is functioning properly, cleared by Anesthesia**
SICU→RP4	**Pain is well managed, stable neuro status, wean O2 as tol, CVP & IUC d/c'd**
RP4→HOME	▪ **Pain is < mid point on pain scale post-op and patient reports acceptable level.** ▪ **N/V are treated aggressively.** ▪ **OOB & ambulate POD #1.** ▪ **Tolerating PO's on POD #2-3.** ▪ **Discharge Plan in place by POD #3.** ▪ **JP drain d/c'd POD #5 .**

	Day of surgery (PACU/SICU-NT)	Post-op Day #1 (transfer to RP4)	Post-op Day #2
Assessment	Pain Neuro & hemodynamic status Nausea/Vomiting Incision - assess dsg for drainage JP drainage (amt & color) q1hr VS per SICU protocol (q 15min x4, q 30min x4, q1 hr x4, q 2hrs & prn until transferred to floor) I&O	Pain Neuro status Nausea/Vomiting/BS Incision - assess dsg for drainage JP drainage (amt & color) q 4hr VS per ICU/floor protocol Telemetry, continuous SaO2 I&O per protocol, Daily weight	Pain Nausea/Vomiting/BM Incision - drainage, s/s infection JP drainage (amt & color) VS q 4hrs (per protocol) Telemetry, continuous SaO2 I&O per protocol, Daily weight
Consults	• Critical Care/Transplant Service • Anesthesia & Pain Service - *must clear patient prior to d/c from PACU* • Pain Service (daily while on PCEA)	• PT/OT consult	• Social Work (if needed to assist with D/C planning)
Treatments	IVF: D5/0.45NS @ 100-150 cc/hr NGT to LCS IUC to gravity drainage JP drains: care per protocol q8hrs ICD's Wean O2 as tolerated IS 10x q hr, C/DB	IVF: D5/0.45NS @ 100-150 cc/hr IV access: Secure 2 PIV's then remove CVP prior to transfer O2 weaned to RA/2L NC NGT to LCS JP drains: care per protocol q8hrs ICD's (at all times when not ambulating) IS 10x q hr, C/DB Remove surgical dressing by team	Heplock IVF Clamp/Remove NGT (as per attending) Remove IUC (once ambulating) JP drains: care per protocol q8hrs ICD's (at all times when not ambulating) IS 10x q hr, C/DB
Medications	Abx: Unasyn 1.5gm IV q6hrs x 4 doses Alternate: Levaquin +/- Flagyl x 24 hrs Famotidine 20 mg IV q12hours Zofran 4mg IV q8hrs prn **Restart Essential Home Meds**	Abx: Unasyn completed Famotidine 20 mg IV q12hours Zofran 4mg IV q8hrs prn (can be standing if warranted)	Zantac 150mg PO BID Senna 8.6mg PO BID (start once taking PO's) Zofran 4mg IV q8hrs prn
Pain Management	Fentanyl/Bupivicaine PCEA Toradol 30 mg IV q 6 hrs beginning the night of surgery if no bleeding in JPs and urine output adequate (> 50 cc/ hour) (max 120 mg per 24 hours)	Fentanyl/Bupivicaine PCEA Toradol 30 mg IV q 6 hrs (max 120 mg/24 hours if UO > 50 cc/hr; if concern for renal insuff, consult Txp PharmD) Max 5 days of therapy. Consider decreasing or capping PCEA if pain is controlled on toradol.	Fentanyl/Bupivicaine PCEA Toradol 30 mg IV q 6 hrs (max 120 mg/24 hours if UO > 50 cc/hr; if concern for renal insuff, consult Txp PharmD) Max 5 days of therapy. Consider capping PCEA as per pain service to transition oral pain meds (oxycodone or Dilaudid) when tolerating PO's
Nutrition	NPO	NPO	Clear Liquids
Activity	OOB to chair (when possible)	OOB to chair prn Ambulate (with PT, if needed)	OOB ad lib Ambulate as tol
Tests	Post-op Labs: CBC, Panel 7, Liver Injury Panel, Magnesium, Phosphate, PT/INR/PTT	Daily Labs: CBC, Panel 7, Liver Injury Panel, Phosphate, PT/INR/PTT Hepatic Duplex	Daily Labs: CBC, Panel 7, Liver Injury Panel, Phosphate, PT/INR/PTT
Education D/C Planning	Pain Management Pulm toilet, DVT prophylaxis, Plan of Care: activity, drains, medications, diet, orient to environment, visiting hrs, etc.	Pain Management Pulm toilet, DVT prophylaxis, medications Plan of Care: activity, drains, medications, diet, orient to environment, visiting hrs, etc. Discharge Planning initiated	Daily Plan of Care: Pain Management, Pulm toilet, DVT prophylaxis, medications, activity, drains, diet, etc. Discharge Planning

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RP4→HOME

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- **Discharge Plan in place by POD #3.**
- **JP drain d/c'd POD #5 .**

	Post-op Day #3	Post-op Day #4	Post-op Day #5	Post-op Day #6
Assessment	Pain Nausea/Vomiting/BM Incision/JP drains VS/I&O per protocol Daily weight	Pain Nausea/Vomiting/BM Incision/JP drains VS/I&O per protocol Daily weight	Pain Wound/JP drains VS/I&O per protocol Daily weight	Pain Incision/JP drains VS/I&O per protocol Daily weight
Consults				
Treatments	Consider PCEA removal if tolerating PO's. JP drains: care per protocol ICD's (at all times when not ambulating) IS 10x q hr, C/DB	JP drains: care per protocol ICD's (at all times when not ambulating) IS 10x q hr, C/DB	JP drain removal (as per attending) discontinue telemetry	
Medications	Heparin 5,000 units SQ q8hrs per protocol once PCEA is removed Zantac 150mg PO BID Senna 8.6mg PO BID Zofran 4mg IV q8hrs prn	Heparin 5,000 units SQ q8hrs per protocol Zantac 150mg PO BID Senna 8.6mg PO BID ASA 81mg PO daily if adult donor (start after Toradol & PCEA d/c'd) Zofran 4mg IV q8hrs prn Ursodiol may be added by the attending on a case-by-case basis depending on liver remnant size and evidence of cholestasis	Heparin 5,000 units SQ q8hrs per protocol Zantac 150mg PO BID Senna 8.6mg PO BID ASA 81mg PO daily	SQ Heparin 5,000 units q8hrs per protocol Zantac 150mg PO BID Senna 8.6mg PO BID ASA 81mg PO daily (duration is 6 weeks)
Pain Management	d/c PCEA if not already done *INR must be ≤ 1.5 to d/c PCEA.* When PCEA d/c'd: oral oxycodone 5 mg 1-2 tabs q 4-6 hrs prn (Alternate: Dilaudid PO)	Oral oxycodone (or dilaudid)	Oral oxycodone (or dilaudid)	Oral oxycodone (or dilaudid)
Nutrition	Adv Diet as Tolerated	Regular Diet	Regular Diet	Regular Diet
Activity	OOB ad lib Ambulate (3-5 times/day)	OOB ad lib Ambulate (3-5 x/day)	OOB ad lib Ambulate (3-5 x/day)	OOB ad lib Ambulate (3-5 x/day)
Tests	Daily Labs: CBC, Panel 7, Liver Injury Panel, Phosphate, PT/INR/PTT	Daily Labs: CBC, Panel 7, Liver Injury Panel, Phosphate	Daily Labs: CBC, Panel 7, Liver Injury Panel, Phosphate	Daily Labs: CBC, Panel 7, Liver Injury Panel, Phosphate
Education D/C Planning	Daily Plan of Care: Pain Management, Pulm toilet, DVT prophylaxis, medications, activity, drains, diet, etc. Discharge Planning	Daily Plan of Care Discharge planning - VNA offered, pt/family aware of discharge plan.	Rx's to outpt pharmacy Outpt follow up Plan Incision Care Activity restrictions s/s infection	D/C Medications Outpt follow up Plan Incision Care Activity restrictions s/s infection