

**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](#)