



Esophagectomy Pathway (For Staff Education)(See corresponding EPIC orderset "UCH IP SUR Post Op Esophagectomy")

Description	Preop Orders	POD 0 (Day of Surgery, direct tx from OR to SICU or CTICU, extubate in OR)	POD 1 (CTICU or SICU (tx to 6E or 9 in PM if no issues))	POD 2	POD 3	POD 4-7	POD 7	POD 7-discharge
LABS	Labs drawn in clinic Type and cross 2 u PRBCs	CBC, BMP, ABG, Rest per ICU protocol, attempt to minimum labs	CBC, BMP, Mg, PO4	CBC, BMP	CBC, BMP	No labs	CBC, BMP - Send Chest tube drain amylase	as clinically indicated
MEDS	SQH: give in pre-op before anesthesia induction and afetr pCEA (if placed) Antibiotics: Ancef 2 g	SSI, dPCEA, LR or NS @ 125 or as ordered, SQH Q8h @ 8hrs postop <i>**Meguid - Duoneb Q6hrs, Metoprolol 5mg IVQ6hrs until CT is out</i>	Decrease MIVF as appropriate for GOAL I/Os even	See POD1	d/c dPCEA (check with attending), Toradol 15mg IV Q6H x 48hr if Cr<1.0 and age<65 <i>**Meguid pts may get Metoprolol elixir 25mg per Jtube BID)</i>	See POD3 GOAL I/O even to negative until at baseline	See POD5	PO oxy, Colace BID, I/Os even if within 2kg of admit weight
DIET		NPO, if J tube present, early start of TF @10cc/hr at PM rounds unless contra-indicated	<i>Comfort Sips/Chips if cleared by attending. If present, adv J tube by 10ml q4hrs to goal</i>	<i>Comfort Sips/Chips if cleared by attending. If present, adv J tube by 10ml q4hrs to goal</i>	Comfort Sips/Chips if cleared by attending. If present, TF at goal	Comfort Sips/Chips if cleared by attending. If present, TF at goal	<i>CLD if esophagram and amylase neg, TF cycled (50% of needs)</i>	<i>Advance to post-esophagectomy diet, TF cycled (50% of needs)</i>
ACTIVITY		Bedrest MIE: OOBTC IS: 10x per hour (to start in PACU)	OOBTC TID, Ambulate in hallway, IS: 10x per hour, Pulmonary Toilet	OOB, Laps x 5, IS: 10x per hour, Pulmonary Toilet	See POD2	See POD2	See POD2	OOB, Home w/ IS
DEVICES/TESTS	SCDs	NGT to LIWS, Chest tube to suction (-20cm), j-tube, SCDs, Foley	NGT d/c'ed as per attending if low output/asymptomatic, Chest tube to suction, Maintain Foley, SCDs while in bed <i>**Weyant: CT to water seal, possibly d/c NGT if output<300ml</i>	d/c Foley (unless epidural in place or CI) Chest tube to waterseal (Weyant, Meguid)	d/c Foley if not previously done <i>**Meguid: d/c NGT per attending</i> <i>*d/c 1 of 2 CT if total ipsilateral output<200ml/day, d/c neck penrose drain (THEs, 3-holes)</i>	<i>**removal of CT specific to operation and number of drains placed.</i>	<i>**removal of CT specific to operation and number of drains placed.</i>	Esophagogram -> if neg for leak transition to PO meds, d/c final CT if no clinical leak after CLD
MD NOTES	MIE: No epidural Inpatient consult to Anesthesia for PCEA if thoracotomy/THE	RT Consult (PEP eval) PT/OT Consult Speech/Oropharyngeal Dysphagia Eval Nutrition Consult	d/c arterial line or central line if applicable. Transfer to floor order in by 8AM with telemetry	Case Management Consult for home TF		Bedside swallow evaluation by SLP on POD6	d/c Metoprolol and DuoNeb when CT are out Plan for Discharge: paperwork completed and scripts written Nutrition consult if esophgram negative	<i>**Route discharge summary to Megan Marsh, Surgical Oncology Nurses (Devries, Johnson), Thoracic Nurses and Outpatient Nutrition (Allison)</i>
RN NOTES		Q1h Vitals, Flush NGT Q6h w/ 30cc h2o, DO NOT MANIPULATE NGT, Flush j-tube Q6h w/ 30 cc h2o, NO CRUSHED MEDS THRU J-TUBE, HOB >45° until d/c	Q4h Vitals, pt OOB, NGT flush Q6h w/ 30cc until d/c, DO NOT MANIPULATE NGT, Flush j-tube Q6h w/ 30 cc h2o, NO CRUSHED MEDS THRU J-TUBE, HOB >45° until d/c	See POD1 Void check 6hrs post foley d/c	See POD1 <i>Meet with CM and SW for progress of home needs assessment</i>	See POD1	Scripts sent to Pharmacy, Reinforce medication and nutrition education	Reinforce glucose MGMT (if needed), d/c IV Catheter, Reinforce medication and nutrition education, Scripts sent to Pharmacy