

0-1 hr	2 hrs	3 hrs	4 hrs	4-6 hrs
*Toradol if not given in OR *Initiate PO narcotics as soon as possible. *IV narcotics PRN	*PO pain meds	*PO pain meds *Splinting/ice	*PO pain meds	*PO pain meds
*Maintain fluids at 50 cc/hr until pt void. Then buff cap. <b>*May initiate clear liquids and crackers when awake and able to swallow.</b>	*Maintain fluids at 50 cc/hr until pt void. Then buff cap. <b>*Continue clears and crackers. If no nausea then diet as tolerated.</b>	*If no void bladder scan and follow the urinary retention protocol. <b>*Continue clears and crackers. If no nausea then diet as tolerated.</b>	<b>*Continue clears and crackers. If no nausea then diet as tolerated.</b>	<b>*Continue clears and crackers. If no nausea then diet as tolerated.</b>
*Begin O2 weaning *Initiate IS	*IS/cough/deep breathing	*IS/cough/deep breathing	*IS/cough/deep breathing *If unable to wean O2 consider home O2 vs admit	
*Turn	*Pt up in chair/Ambulate pt to bathroom	*Ambulate patient to bathroom	*Ambulate patient with assist	
*Ride home/responsible adult available? If no arrangements can be made, admit pt. If patient kept overnight for lack of ride only this should be recorded	- If patient meets criteria can move to Phase II at this point.		DC home when criteria met. TACS business card give to patient with instructions to call for a Monday clinic appointment	DC home when criteria met. TACS business card give to patient with instructions to call for a Monday clinic appointment

Preoperative counseling that patient will be DC from PACU for early, low-grade appendicitis in absence of contraindications

**Exclusion criteria:**

- Pregnancy
- Perforated appendicitis
- Gangrenous appendicitis
- Conversion to open procedure
- Bowel Resection
- S/s of bleeding

\*Order set to include PreOp Scopolamine patch and normal discharge instructions, including IV Toradol dose and PO narcotics for PACU. **\*Tordol if no operative concern for bleeding, creatinine < 1.**

\*If not progressing within timelines (unable to void, unable to tolerate PO, unable to gain pain control with PO pain meds) consider admission.

What will be protocol for follow up phone call in 1-2 days after DC