

DATE/TIME	TRANSCRIBED BY @ TIME	Post-operative HIPEC ICU Orders -Enhanced Recovery Protocol
		DO NOT USE: U, u, IU, MS, MSO ₄ , 1.0 (trailing zero), .5, QD, QOD, MgSO ₄ INSTEAD USE: Unit, Morphine, 1, 0.5 (leading zero), Daily, Every other day, Magnesium
		Allergies: _____ Height: _____ Weight: _____
		1. Admission ☐ Admit to ICU ☐ Dr. _____ service ☐ UM Surgery Critical Care Team
		2. 0.9% Normal Saline with 20mEq KCL per liter at _____ ml/hour
		3. NPO until NGT is removed. Once NGT is removed start sips of clears and advanced to soft diet and regular as tolerated.
		4. If Feeding tube : Start vivonex or substitute at 10 cc/hr on POD #1
		5. Vital Signs every 15 minutes x 2 hours, then every 30 minutes x 2 hours, then per ICU protocol
		6. Notify MD for any of the following: • Urine Output less than 2 mL/kg/hr • Heart rate less than 80 or greater than 110 bpm • MAP less than 65 mmHg • Temperature greater than 101°F or less than 97.7°F
		7. Weigh patient BID
		8. SCDS to bilateral lower extremities and TED hoses at all times when in bed or chair
		9. NGT to Lower intermittent suction. Clamp NGT after 24 hours and measure residuals every 6 hours. Resume NGT to suction if residuals are greater than 200 mL, nausea, or emesis
		10. Foley Catheter
		11. Forced Air Warming / Cooling blanket to keep temperature <101°F
		12. Portable CXR on admission to ICU and in am.
		13. LABS: CBC, CMP, Mg, PT, PTT, INR, ionized Calcium ABG on admission to ICU and every 12 hours x 2, then daily in am
		14. Obtain ionized Calcium with each ABG. For ionized Calcium <1, give Calcium Gluconate 1 gram IV over 30 minutes.
		15. Activity • Bedrest first operative day and while intubated. • Bedside physical therapy for ROM if intubated. • Out of bed to chair and ambulate TID with assistance (at least QID) following extubation or POD 1 if not intubated
		16. Medications: ☐ Pantoprazole 40mg IV daily ☐ Ondansetron 4mg IV every 6 hours PRN nausea ☐ Add VTE Prophylaxis section ☐ Hyperglycemia Protocol – see hyperglycemia management or ICU insulin Drip order set ☐ Anticoagulation – for Heparin infusion refer to Heparin IV Infusion order set PAIN MANAGEMENT: ☐ Acetaminophen 1,000 mg IV every 6 hours x 24 hours ☐ Celecoxib 200 mg PO daily (include administration instructions: First dose to be administered when patient is able to tolerate PO medications) ☐ Morphine _____mg IV every 2 hours PRN pain break through ☐ Refer to PCA protocol for Pain Management
		17. Consults: - Physical Therapy for evaluation - Dietician for evaluation ☐ Other: _____



1400 NW 12th Avenue

Post-operative HIPEC Orders

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Revised
06/19

Patient Identification Sticker

DATE/TIME	TRANSCRIBED BY @ TIME	Post-operative HIPEC Orders (con't)								
		18. Chemotherapy Precautions for 48 hours								
		19. Potassium Replacement (by central line only): • Contact intensivist for potassium replacement if creatinine is greater than 1.6 mg/dL • K+ replacement as follows: <table border="0" style="margin-left: 40px;"> <tr> <td>If serum K+ is 4.5-5.0 (mmol/L)</td> <td>No replacement</td> </tr> <tr> <td>If serum K + is 3.9-4.4 (mmol/L)</td> <td>Give 20 mEq in 50 mL (premixed) over 1 hour x 1 dose</td> </tr> <tr> <td>If serum K + is 3.5-3.8 (mmol/L)</td> <td>Give 20 mEq in 50 mL (premixed) over 1 hour x 2 doses</td> </tr> <tr> <td>If serum K + is < 3.5 (mmol/L)</td> <td>Give 20 mEq in 50 mL (premixed) over 1 hour x 3 doses</td> </tr> </table> • Check serum potassium 1 hour after replacement dose is complete. Call intensivist if serum potassium is less than 4.5 mmol/L after replacement	If serum K+ is 4.5-5.0 (mmol/L)	No replacement	If serum K + is 3.9-4.4 (mmol/L)	Give 20 mEq in 50 mL (premixed) over 1 hour x 1 dose	If serum K + is 3.5-3.8 (mmol/L)	Give 20 mEq in 50 mL (premixed) over 1 hour x 2 doses	If serum K + is < 3.5 (mmol/L)	Give 20 mEq in 50 mL (premixed) over 1 hour x 3 doses
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		20. Magnesium replacement (by central line only): • Mg replacement as follows: <table border="0" style="margin-left: 40px;"> <tr> <td>If serum Mg >2 (mmol/L)</td> <td>No replacement</td> </tr> <tr> <td>If serum Mg 1.5-2 (mmol/L)</td> <td>Give 1 grams in 100 mL D5W x 2 dose over 1 hour</td> </tr> <tr> <td>If serum Mg <1.5 (mmol/L)</td> <td>Give 4 grams in 50 mL sterile water x 1 doses, each dose over 2 hours</td> </tr> </table> • Check serum magnesium level 2 hours after dose is complete. Call intensivist if serum magnesium is <2 mmol/L after replacement.	If serum Mg >2 (mmol/L)	No replacement	If serum Mg 1.5-2 (mmol/L)	Give 1 grams in 100 mL D5W x 2 dose over 1 hour	If serum Mg <1.5 (mmol/L)	Give 4 grams in 50 mL sterile water x 1 doses, each dose over 2 hours		
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		21. Incentive spirometer 10 times per hour								
		22. Transfer from Unit to floor 48 hrs post admission as per hemodynamic parameters.								
		Physician Signature & ID Number: _____								



Patient Identification Sticker