



University of Colorado Hospital Provider Information – Updated January 2019
HIPEC Pathway (For Staff Education) (See corresponding EPIC orderset “UCH IP HIPEC Surgery Post-Op”)

	POD 0: Day of Surgery *If >8h or high EBL, keep intubated and direct tx to STICU If <8h or low EBL, extubate and tx to floor	POD 1 *Extubate, keep in STICU	POD 2 *Transfer to floor	POD 3	POD 4	POD 5	POD 6	POD 7 to Discharge
LABS	CBC, CMP, Mg, PO4, PT/INR, POCG q4h *May need frequent CBC	CBC, CMP, Mg, PO4, d/c POCG Attempt to minimize labs	CBC, BMP, Mg, PO4	CBC, BMP, Mg, PO4	CBC, BMP, Mg, PO4	CBC, BMP, Mg, PO4	CBC, BMP, Mg, PO4	CBC, BMP, Mg, PO4
IVF/ MEDS	LR @ 125, SQH TID, SSI *Minimize fluid boluses	LR @ 125, SQH TID	D5 ½ NS + 20KCl @ 84, SQH TID	D5 ½ NS + 20KCl @ 42, SQH TID	BCIVF if PO intake >800cc/day, SQH TID, Colace BID	SQH TID, Colace BID	SQH TID, Colace BID	SQH TID, Colace BID
PAIN	PCEA	PCEA	PCEA	PCEA	PCEA, Meloxicam 7.5mg PO QD, APAP 650-1000mg PO q6h, Lyrica 75mg PO BID (omit if >70 yo)	If ROBF d/c PCEA, start PO opioid Meloxicam, APAP, Lyrica	PO opioid, Meloxicam, APAP, Lyrica	PO opioid, Meloxicam, APAP, Lyrica
DIET	NPO	NPO	Sips & chips	Clear liquids	Regular diet	Regular diet *If not tolerating diet or ileus, consider starting TPN/PICC	Regular diet	Regular diet
ACTIVITY	OOBTC; IS 10x/hr	OOB, Laps x 2, IS 10x/hr, Pulm Toilet	OOB, Laps x 3, IS 10x/hr, Pulm Toilet	OOB, Laps x 4, IS 10x/hr, Pulm Toilet	OOB, Laps x 5, IS 10x/hr, Pulm Toilet	OOB, Laps x 6, IS 10x/hr, Pulm Toilet	OOB, Laps x 6, IS 10x/hr, Pulm Toilet	OOB, Laps x 6, IS 10x/hr, Pulm Toilet
TUBES/ DRAINS	NGT to LIWS, foley, SCD/TED +/- chest tube	NGT to LIWS, foley, SCD/TED <i>Place chest tube to water seal</i>	d/c NGT; d/c foley, SCD/TED <i>keep foley if bladder repair</i> <i>d/c chest tube when output <150cc/day</i>	SCD/TED	SCD/TED	SCD/TED <i>Cysto and d/c foley if bladder repair</i>	SCD/TED	SCD/TED <i>Remove ostomy rod, confirm with surgeon</i>
MD NOTES	Monitor H/H based on intra-operative EBL, may need frequent CBC <i>*If new ostomy, consult ostomy wound care POD#2</i> <i>*If diaphragm involved → will have chest tube</i> <i>*If splenectomy → splenectomy vaccines POD#14 if still in hospital and not given preop</i> <i>*If bladder resection/repair → monitor for ssx bladder perforation, keep foley till POD#7 and cysto prior to removal, may have bladder spasms</i>		Nutrition, PT/OT, Social Work, Case Management <i>Consult wound ostomy team for new ostomy teaching if applicable</i>	Nutrition	Nutrition Limit PO narcotics	Nutrition, calorie count	Calorie count Tee up for discharge – all paperwork completed and scripts written *PPX Lovenox for 30 days total for all normal HIPECs	Calorie count General discharge criteria: -PO calorie count >1200kCal x 2 days -UOP>0.5cc/kg/hr and stable Cr, or arrange for outpt IVF -Independent ambulation -Ostomy output <800cc/day <i>For ostomy include “ostomydischarge” in dc instructions</i> <i>For splenectomy include “splenectomyvaccines” in dc instructions</i>
RN NOTES	Q1h Vitals in ICU Q4h Vitals Floor POCG q 4h	Q4h Vitals, d/c POCG, pt OOB, all labs checked NLT 0400	Q4h Vitals, void check 6h post foley d/c	Q8h Vitals	Q8h Vitals, encourage PO intake	Encourage PO intake	Encourage PO intake	Scripts sent to Pharmacy, reinforce nutrition and medication education