Liver Pathway: Major Hepatectomy (For Staff Education)

Major: Open right or left lobectomy (40-60% liver removed); some left hepatectomies may be minor

**Extreme: extended hepatectomies (>60% liver removed) or major hepatectomy with underlying liver disease*

Description	POD 0: Day of Surgery, direct tx from OR to SICU, extubate in OR	POD 1: tx to 6 in AM if no issues, *extreme: stay in ICU	POD 2	POD 3	POD 4	POD 5 to Discharge
LABS	CBC, CMP, Mg, PO4, PT/INR, Rest per ICU protocol	CBC, CMP, Mg, PO4 BID, PT/INR; *extreme: BID labs	CBC, CMP, Mg, PO4 BID, PT/INR	CBC, CMP, Mg, PO4 BID, PT/INR	CBC, CMP, Mg, PO4 BID, PT/INR	CBC, CMP, Mg, PO4 BID, PT/INR
IVF/MEDS	SSI, Plasmalyte @ 125, SQH Q8h	d/c SSI if BG nl, Plasmalyte @ 84, SQH Q8h	D5 1/2 +20 @ 20, SQH Q8h, Colace BID	BCIV, SQH Q8h, Colace BID	SQH Q8h, Colace BID	SQH Q8h, Colace BID
PAIN	PCEA; lower narcotic dose	PCEA	PCEA; Meloxicam 7.5mg PO QD, APAP 500mg PO q6h, Lyrica 75mg PO BID (omit if > 70 years old)	PCEA, Meloxicam, APAP, Lyrica	If ROBF d/c PCEA, start PO opioid; Meloxicam, APAP, Lyrica	Meloxicam, APAP, Lyrica, PO opioid
DIET	NPO	Clear liquid diet	Low sodium diet, *extreme - clear liquid diet	Low sodium diet	Low sodium diet	Low sodium diet
ACTIVITY	OOBTC; IS 10x/hour	Laps x 2, IS: 10x per hour, Pulmonary Toilet	OOB, Laps x3, IS: 10x per hour, Pulmonary Toilet	OOB, Laps x4, IS: 10x per hour, Pulmonary Toilet	OOB, Laps x5, IS: 10x per hour, Pulmonary Toilet	OOB, Laps x6, IS: 10x per hour, Pulmonary Toilet
TUBES/DRAINS/ DEVICES	No NGT, JP drain to bulb suction, Foley, SCDs, TEDs	JP to bulb suction, Foley, SCDs, TEDs	d/c Foley (if epidural is T9 or above, if low epidural write in note), JP to bulb suction, SCDs, TEDs	JP to bulb suction, SCDs, TEDs	JP to bulb suction, SCDs, TEDs	d/c JP if no bile, otherwise send home with drain
MD NOTES	Use lower narcotic doses in PCEA/PCA/PO due to impaired hepatic clearance. Be judicious with IVF due to propensity for fluid retention/overload.	d/c arterial line or central line if applicable. Transfer to floor order in by 8AM with telemetry. If PO4 is dropping, replete aggressively and recheck	If INR and LFTs are not normalizing, consider u/s to assess hepatic vasculature; Case Management; max Tylenol dose 2g/day	Consider diuresis; Nutrition Consult	Consider diuresis; Limit PO narcotics	Tee Up for Discharge - all paperwork completed and scripts written
RN NOTES	Q1h Vitals, POCG q4hrs	Q4h Vitals, All labs ckd NLT 0400	Void check 6hrs post foley d/c, Q4h Vitals, Consult if needed: PT/OT, Social Work, Nutrition	Q8h Vitals, Encourage PO intake	Q8h Vitals, Encourage PO intake,Drain teaching initiated (if needed)	Reinforce drain teaching (if needed), Scripts sent to Pharmacy, Reinforce medication and nutrition education