REGIONAL ANAESTHESIA

KNEE

Local: 50cc total of 0.3% ropivacaine + 1mcg/ml dexmedetomidine

- Spinal
    - 0.8cc of 0.5% bupivacaine
    - Adductor Canal Block + Catheter
    - 20cc of local solution
- Geniculars x 3
    - 5cc each of solution
    - Nerve to Vastus Intermedialis
    - 5cc of solution
- IPACK
    - 10cc of solution

Upon DC – hooked up to adductor canal catheter which runs 0.2% ropivacaine (bottle is 300ml – running at 5cc/hr)
Runs for up to 72 hrs at home, and patient pulls catheter theselves

HIP

Local: 50cc total of 0.3% ropivacaine + 1mcg/ml dexmedetomidine

- Spinal
    - 1cc of 0.5% bupivacaine
- PENG block
    - 20cc of solution
- Quadratus Lumborum block
    - 30cc of solution

INTRAOP Peri-articular block: diluted in sterile IV Normal Saline 50 ml mini bag

- Naropin 150mg
- Ketorolac 30mg
- Epinephrine 0.5 mg

DISCHARGE PRESCRIPTIONS: 14 day - Blister pack, plus PRN at bottom

1. Acetaminophen (Tylenol)
   1,000 mg oral 4 times daily
   500 mg tablets
   M= 114 tablets
   (DISPENSE IN BLSTER PACK)

2. ASA (Aspirin)
   81mg oral 2 times daily
   81 mg tablets
   M= 28 tablets
   (DISPENSE IN BLSTER PACK)

3. ASA (Aspirin)
   81mg oral 2 times daily
   M= 28 tablets
   To be taken after blister pack ASA completed

***AFTER blister pack is completed – continue taking ASA x 2 additional weeks

4. Celecoxib (Celebrex)
   200mg oral 2 times daily with food
   200mg tablets
   LU Code: 316
   M= 28 tablets
   (DISPENSE IN BLISTER PACK)

5. Dexamethasone
   2 mg oral once daily
   2 mg tablets
   M = 2 tablets
   (DISPENSE IN BLSTER PACK)

6. Pantoprazole (Pantoloc)
   40 mg oral once daily in morning
   40mg tablets
   M= 14 days
   (DISPENSE IN BLSTER PACK)

7. Pregabalin (Lyrica)
   50mg once daily at bedtime
   50 mg Capsule
   M = 14 days
   (DISPENSE IN BLSTER PACK)

8. Transexamic Acid
   1gm PO twice a day for 2 days
   1gm tablets
   M = 4 tablets
   (DISPENSE IN BLSTER PACK)

PRN OPTIONAL MEDICATIONS OUTSIDE OF BLISTER PACK

9. Hydromorphone
   1 mg oral every 4 hours as needed for severe pain
   1 mg tablets
   M = 15 tablets

10. Sennoside (Senokot)
    8.6 mg oral at bedtime as needed (if taking hydromorphone)
    M = 14 days

11. Tramadol
    50 mg PO q 4 H PRN for moderate pain
    50 mg tablets
    M = 20

PACU BYPASS: DIRECT PHASE 2 POLICY & PROCEDURE

DIRECT PHASE 2 FROM OPERATING ROOM TO PHASE 2 RECOVERY (SURGICAL DAY CARE UNIT) - POLICY & PROCEDURE

Policy Statement

Direct Phase 2 requires an interdisciplinary collaboration involving the perioperative team coordinating a comprehensive patient care plan. The decision to bypass PACU Phase I Recovery will be dependent on the Direct Phase 2 criteria. (see Appendix A)

The anesthesiologist will ensure that patient meets the Direct Phase 2 criteria in the Operating Room prior to transfer to Surgical Day Care Unit (SDC) and provide anesthetic related care as needed. This will promote a safe and efficient flow of selected day surgery patients from the Operating Room to Phase 2 Recovery bypassing Phase I (PACU)

Policy

1. Phase 2 is located in the Surgical Day Care unit. A patient may be directly transferred to Phase 2 SDC to bypass PACU based on Direct Phase 2 criteria

2. Selection criteria should begin from SPS assessment which includes, but is not limited to, patients having surgical day care procedures who also meet the following conditions:
   - Local anesthesia
   - Peripheral regional blocks
   - Short general anesthesia (duration <30mins)
   - Pain score of 4 or less (Modified Aldrete score of 1 with a pain management plan)
   - Patient is able to guard his/her own airway
   - Patient has no or mild nausea (no vomiting)
   - Meets direct phase 2 criteria (see Appendix A) with a required score of 2 in the respiratory stability section

3. Exclusion criteria for Direct Phase 2 include:
   - Patients with severe OSA
   - Patients who require an artificial airway
   - Patients who require cardiac monitoring
   - Patients with history of Malignant Hyperthermia (MH)
   - Patients with special care needs will be assessed on an individual basis i.e. Autism Spectrum Disorder (ASD), limited mobility, cognitive impairment

Procedure

1. The anesthesiologist or anesthesia assistant (AA) will use the direct phase 2 scoring system to assess the patient immediately post-operatively to determine suitability to transfer patient directly to Phase 2 SDC and bypass PACU - Phase I of recovery.

2. The following clinical post anesthesia outcomes require assessment and consideration when determining patients' readiness for Direct Phase 2 transfer:
    - Normothermia: Patient's core temperature should be a minimum of 36 degree Celsius (or 98.6 F) prior transfer to Phase 2 SDC. All signs and symptoms of hypothermia should be resolved.
    - Surgical stability
        - Dressing is clean or has minimal drainage as expected from the surgical procedure.
        - Drains, when present, are patent and secured. The amount of drainage is less than 100 mL/hr and decreasing or consistent with the expected loss for the surgical procedure.
    - Complications specific to the surgical procedure are ruled out.

3. The intraoperative team must accompany the patient to the SDC unit.
    - Transfer of care report will be provided by the anesthesiologist and/or AA to the receiving nurse in SDC and will include information regarding the patient's preoperative status, intraoperative events and Post-operative course.
    - The Operating Room RN must accompany the patient to SDC and transfer care according to the Operating Room Nurses Association of Canada (ORNAC) Standards.

4. The anesthesiologist or AA will remain in SDC with the patient until the SDC nurses accept responsibility for the care of the patient. Patients having a complicated recovery should be transferred immediately to a monitored environment (PACU). A monitored environment should have the capability of providing electrocardiographic, respiratory rate, blood pressure and oxygen saturation monitoring.

5. If a patient requires transfer to PACU, the SDC nurse will notify the Anesthetist to assess the patient and receive orders.

    - The SDC nurse will notify the PACU Resource Nurse of the patient status and Anesthetist orders and will ask for a bed assignment in PACU.
    - The patient will be transferred to and monitored in PACU until suitable for discharge to SDC or Inpatient unit.

Accountability / Responsibility

Anesthesiologist Determines suitability of patients to bypass Phase 1 Recovery (PACU) as per Direct Phase 2 criteria. (see Appendix A) Provides anesthetic related care to patient while in phase 2 recovery. Transfers care to the SDC as per the Canadian Anesthesiologists' Society: Guidelines to the Practice of Anesthesia.

Registered Nurse/Registered Practical Nurse

Operating Room

Provides transfer of care report as per ORNAC standards.

Surgical Daycare and PACU

Provides postoperative care and discharges patient as per SDC discharge criteria (No minimum time requirement).

Definitions

Post Anesthesia Phase 1

The post anesthesia phase 1 period immediately follows the cessation of surgery in which the patient has received the administration of sedation, analgesia and/or any type or technique of anesthesia. The function of this room is to provide highly specialized care, frequent and careful observation of patients who are under the influence of anesthesia. (National Association of PeriAnesthesia Nurses of Canada, 2023)

Post Anesthesia Phase 2

The Post Anesthesia Phase 2 occurs immediately following the Post Anesthesia Phase 1. Post Anesthesia Phase 2 commonly referred to as Day Surgery. The focus is on continuous patient observation and intermittent monitoring in preparation for safe discharge. (National Association of Peri Anesthesia Nurses of Canada, 2023)

Direct to Phase 2

Direct to Phase 2 involves admission of patients from the operating room directly to Phase 2 and bypass Phase 1. These patients must meet discharge criteria for Phase 1 before leaving the operating room (America Society of PeriAnesthesia Nurses)