

Goals and Objectives

At the end of the presentation, the learner should be able to:

- Discuss the core, daily components for a successful Perioperative Consult Service (PCS)
- Discuss the importance of IT for implementing, scaling, and sustaining a PCS
- Understand the economic impact of implementing a PCS at their institution

Paradigm Shift: ERAS via APCS

- Key factors prolonging <u>stay after surgery</u>:
 - Ileus
 - Need for IV analgesiaNeed for IVF secondary
 - to gut dysfunction – Bed rest caused by lack
 - of mobility due to the above
- APCS + ERAS represents a paradigm shift in perioperative care:
 - Re-examines traditional practices, replacing them with evidence-based best practices *when necessary*.
 - Comprehensive in scope, covering *all components* of patient's perioperative journey with surgeon *and* anesthesiologist

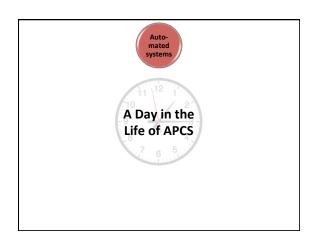
Our Methods

<u>Philosophy</u>

- Standardization and automation, where possible, improves routine processes of care
- Adherence to principles more important than recipe
- Warning, this is a protocol it does not have a brain
- MUST be data driven

Metrics

- LOS, Readmissions
- Pre-op/Intraop "Compliance"
- Postoperative "Compliance"
- PDSA to Learn of Other Areas for Improvement



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Manual "IT"

Dear Team,

You will be caring for patients on the Anesthesiology Perioperative Consult Service tomorrow.

For perioperative 1 patients, the service will care for the patients while in-house, including writing preoperative medicatio orders and performing relevant blocks. The new patients on the perioperative 1 protocol tomorrow are below.

The clinical guidelines can be found here: https://www.mc.vanderbilt.edu/cgi-php/vunet/index.html? reg_url=%2Fvunet%2Fvunet%2Fvunet%3Fsite%3Danesfaculty%26doc%3D386568vulf=1 (copy and paste if link is dead)

Please review the appropriate protocol for your patient if you are unfamiliar with these, as there are key intraopertive components of the protocols and differences between protocols. The surgical oncology patients follow the colorectal protocol.

We have added the new TRAM/DIEP free flap patients to the perioperative service, the new protocol has been added to the above link.

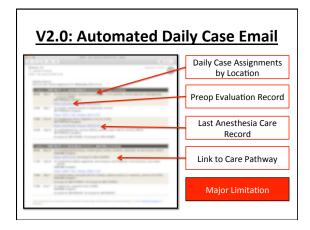
We have also added the new Donor Nephrectomy patients to the perioperative service, the new protocol has been added to the above link.

Please add the lidocaine infusion to your PACU orders and bring the drip to PACU. *For bariatric surgery patients, please give either 1mg dialudid or 5mg methadone IV (preferred) if no contraindications.

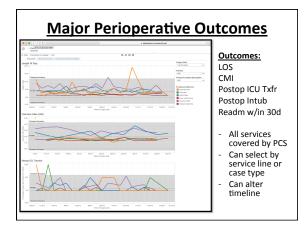


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	Clinical Pathways
	Vanderbilt Institutional Guidelines:
	Acute Ischemic Stroke - Anesthetic Management (PDE)
	 Rational Perioperative Use of Albumin (PDF)
	Ventral Hernia Repair Guidelines (PDF)
	 Anesthesia for Weight Reduction Surgery (PDF)
	 Anesthesia Guidelines for Colorectal Surgery. (PDF)
	Anesthesia for Mastectomy (PDF)
	 Living Donor Nephrectomy Anesthesia Guideline (PDE)
	 Protocol for TRAM/DIEP free flap Surgery (PDF)
	Guidelines Published by External Sources:
	American Society of Anesthesiologists (ASA)
	Am. College of Cardiology (ACC)(Am. Heart Association (AHA) Joint Guidelines (full list)
	VUMC Department of Anesthesiology Standard Operating Procedures
	 Radiofrequency Ablation (RFA) for Trigeminal Neuralgia (PDF)
	Branchoscopy Room (PDF)
Anest	thesiology Clinical Intranet Sitemap Careers Volunteer Giving Feedback
	This page was last updated August 28, 2015 and is maintained by Jennifer Cook
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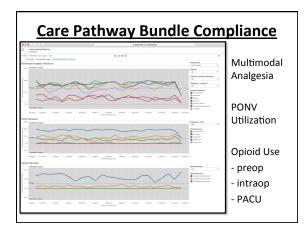


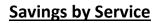


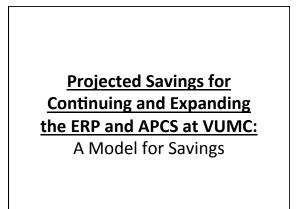




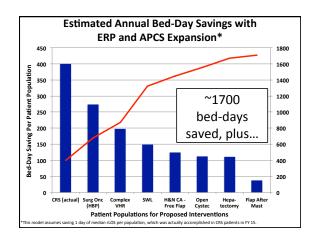




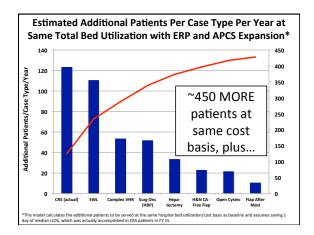








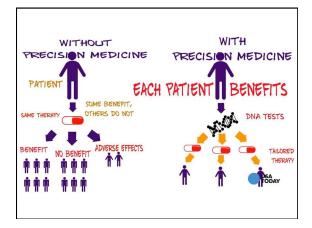






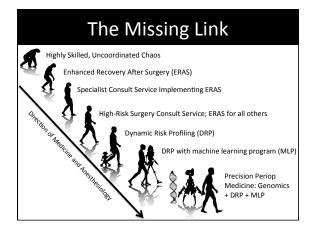




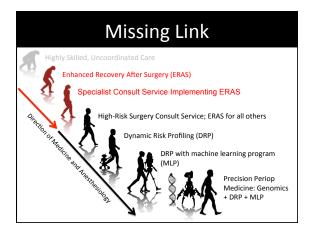




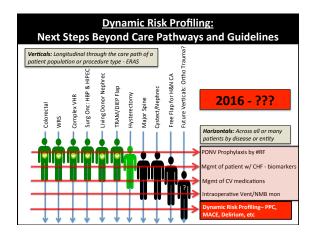
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The Block Box(es):

1) Unless they contact us with a question/problem, how do we know what happens to a patient before and after surgical hospitalization?

