

Enhanced Perioperative Protocol Nurse Enhanced Patients

CPX Score 2, Mortality Risk = ~3% (Major Elective Colorectal)

Date of surgery:

Surgeon:

Surgery:

Periop Consultant:.....

Monitoring:

- Standard monitoring plus arterial line.
- EV1000 monitor and FloTrac (to go to ward).
- Consider central line if LRCRI factors present.

Intraoperative:

- Provide goal directed fluid therapy.
- Use Hartmanns solution 250ml boluses.
- Fluid optimise to stroke volume variation < 12%.
- Metaraminol infusion to maintain MAP.
- Please record EBL on anaesthetic chart.

Post-operative:

- After discussion with surgeon discontinue maintenance fluid in PACU. If maintenance fluid is required we suggest 1ml/kg/hr dextrose saline (+/- KCL 20 mmol).
- If metaraminol >3mg/hr please consider HDU.

Anaesthetist checklist:

- Perform surgical APGAR at end of surgery and consider HDU care if necessary
- Prescribe 4x 250ml fluid boluses (if some are used in PACU please prescribe more for the ward if appropriate).
- Prescribe metaraminol for ward and saline for transducer (stickers available)
- Set target parameters on yellow observation chart

Points	0	1	2	3	4
EBL	>1000	601-1000	101-600	≤100	
Lowest MAP	<40	40-54	55-69	≥70	
Lowest HR	>85	76-85	66-75	56-65	≤55

Score:.....

0-4 points = very high risk 14% mortality, 75% major complications, 97% specific for ICU, upgrade to enhanced pathway
5-6= high risk, 4% mortality, consider upgrading to enhanced pathway
7-8 = moderate risk, 1% mortality
9-10 Low risk 0% mortality

Plan/Notes:

Enhanced Perioperative Protocol

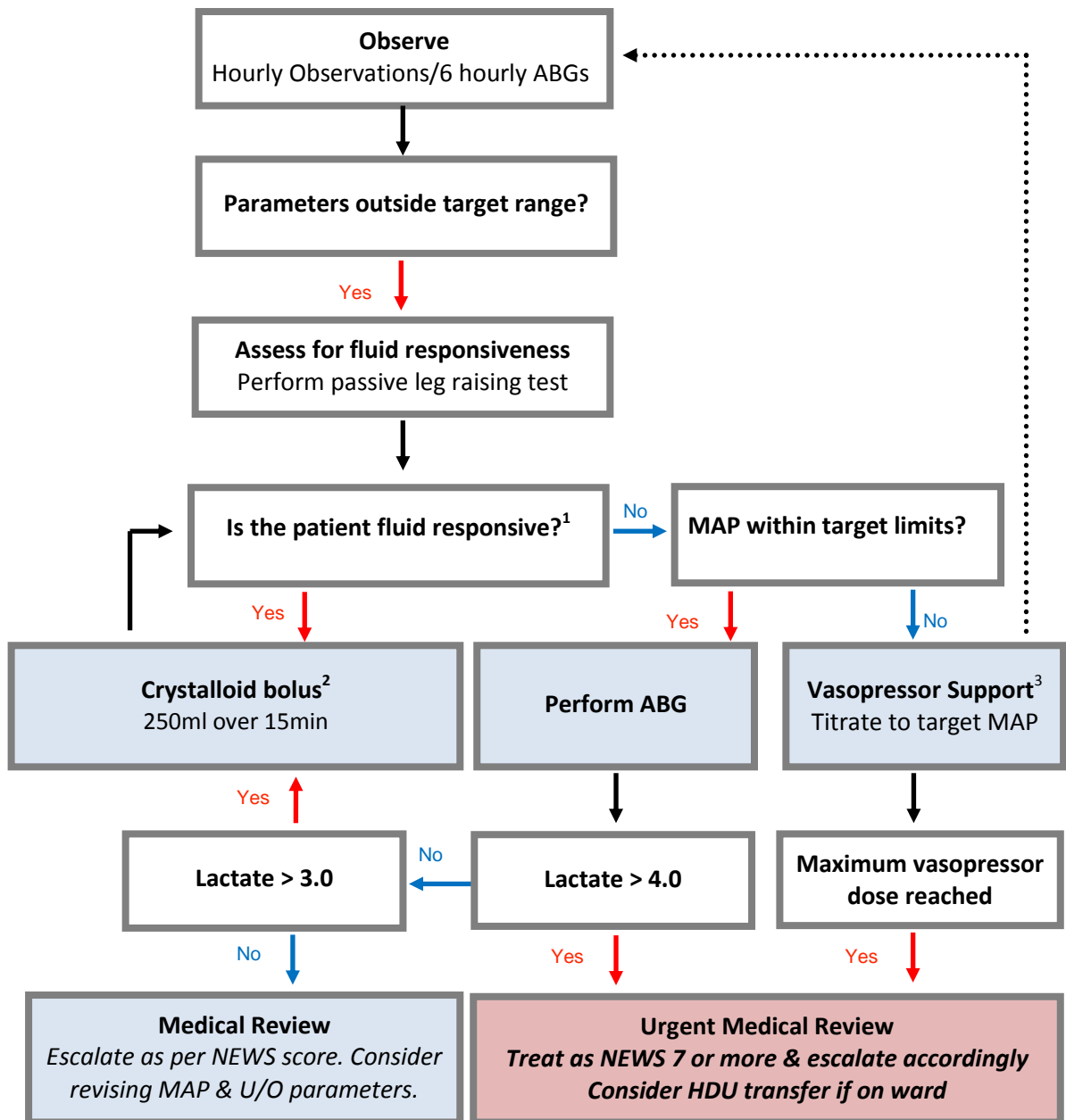
Post-Operative Destination

Nurse Enhanced Unit: Intermediate risk (3.1% mortality)

High Dependency Unit: High risk (9.1% mortality)

Check list:

- Pathway obs chart
- Target parameters set
- Fluid boluses prescribed
- Vasopressor prescribed
- Cardiac Monitoring in place



- 1) Fluid responsiveness is shown with a >10% increase in stroke volume after a passive leg raise or fluid bolus.
- 2) After four fluid boluses please take an ABG and seek a medical review
- 3) Ensure baseline ABG is taken prior to starting vasopressors. On the ward use the metaraminol protocol described in the Perioperative Manual and on the pharmacy monograph.