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CLINICAL PATHWAY Large Bowel Resection

DRG NO 122

PATIENT IDENTIFICATION

Initiating UNIT:	Initiating DATE:	Initiating TIME:	DRG NO: 148	LENGTH OF STAY: 7.0
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	PRE - ADMISSION	OR / PACU	DAY 1 Day of Surgery	DAY 2 Post-Op Day1	DAY 3 Post-Op Day2	DAY 4 Post-Op Day3	DAY 5 Post-Op Day4	DAY 6 Post-Op Day5	DAY 7 Post-Op Day6
	DATE: _____		Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
ACTIVITY			<input type="checkbox"/> Bedrest	<input type="checkbox"/> OOB to chair	<input type="checkbox"/> OOB walking in Hall	<input type="checkbox"/> OOB walking in Hall <input type="checkbox"/> May Shower	<input type="checkbox"/> OOB walking in Hall <input type="checkbox"/> May Shower	<input type="checkbox"/> OOB walking in Hall <input type="checkbox"/> May Shower	<input type="checkbox"/> OOB walking in Hall <input type="checkbox"/> May Shower
TEST SPECIMENS	<input type="checkbox"/> CBC <input type="checkbox"/> Albumin if indicated <input type="checkbox"/> Type and Screen <input type="checkbox"/> CEA if CA suspected <input type="checkbox"/> BMP	<input type="checkbox"/> UA if indicated <input type="checkbox"/> EKG <input type="checkbox"/> CXR <input type="checkbox"/> Flat/Erect Abd		<input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> Labs as indicated	<input type="checkbox"/> Labs as indicated	<input type="checkbox"/> Labs as indicated	<input type="checkbox"/> Labs as indicated	<input type="checkbox"/> Labs as indicated	<input type="checkbox"/> Labs as indicated
DIET	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> Cl Liq if bowel sounds present	<input type="checkbox"/> Cl Liq if bowel sounds present	<input type="checkbox"/> Full Liquids	<input type="checkbox"/> Soft Diet	
MEDS	<input type="checkbox"/> Bowel Prep per surgeon <input type="checkbox"/> Discontinue anticoagulant therapy per MD <input type="checkbox"/> Antibiotics per surgeon	<input type="checkbox"/> Pre-Op antibiotics <input type="checkbox"/> Sub cut Heparin	<input type="checkbox"/> Pain mgmnt anesthesia or surgeon <input type="checkbox"/> Sub cut Heparin	<input type="checkbox"/> Sub cut Heparin	<input type="checkbox"/> Sub cut Heparin	<input type="checkbox"/> Change pain meds to po <input type="checkbox"/> Sub cut Heparin	<input type="checkbox"/> Sub cut Heparin	<input type="checkbox"/> Sub cut Heparin	
CONSULTS	<input type="checkbox"/> Cardiology if indicated <input type="checkbox"/> Anesthesia <input type="checkbox"/> ET Nurse if ostomy planned		<input type="checkbox"/> ENT for stoma site marking if ostomy planned		<input type="checkbox"/> Oncology consult if indicated				
IVS	<input type="checkbox"/> Per Anesthesia	<input type="checkbox"/> Per Anesthesia	<input type="checkbox"/> Per Surgeon	<input type="checkbox"/> Per Surgeon	<input type="checkbox"/> DC IV if indicated	<input type="checkbox"/> DC IV if indicated			

CHECK ALL PRE-OPERATIVE TESTS THAT HAVE BEEN PERFORMED

Endoscopy Colonoscopy BI MRI Sonogram CT Other (describe):

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

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TREATMENT	<input type="checkbox"/> Teds	<input type="checkbox"/> Long Leg Teds <input type="checkbox"/> SCUDS or Plexi Pulse <input type="checkbox"/> Foley in OR <input type="checkbox"/> NG tube in OR	<input type="checkbox"/> Incentive Spirometry <input type="checkbox"/> SCUDS or Plexi Pulse <input type="checkbox"/> NG tube to suction (Low Cont/Low Int)	<input type="checkbox"/> DC NG tube if indicated <input type="checkbox"/> DC Venodynes <input type="checkbox"/> DC Foley <input type="checkbox"/> Wound Care <input type="checkbox"/> I & O <input type="checkbox"/> Incentive Spirometry	<input type="checkbox"/> DC Foley <input type="checkbox"/> Wound Care <input type="checkbox"/> I & O	<input type="checkbox"/> DC Foley <input type="checkbox"/> Wound Care <input type="checkbox"/> I & O	<input type="checkbox"/> DC Foley <input type="checkbox"/> Wound Care <input type="checkbox"/> I & O	<input type="checkbox"/> DC Foley <input type="checkbox"/> Wound Care <input type="checkbox"/> I & O	<input type="checkbox"/> DC Foley <input type="checkbox"/> Wound Care <input type="checkbox"/> I & O
VITAL SIGNS	<input type="checkbox"/> Per Routine	<input type="checkbox"/> OR / PACU routine	<input type="checkbox"/> Post-Op routine	<input type="checkbox"/> Post Op routine	<input type="checkbox"/> Post Op routine	<input type="checkbox"/> Post Op routine	<input type="checkbox"/> Post Op routine	<input type="checkbox"/> Post Op routine	<input type="checkbox"/> Post Op routine
DISCHARGE PLANNING	<input type="checkbox"/> Initial nursing admission Assessment <input type="checkbox"/> CMC consult as indicated <input type="checkbox"/> Inform patient + family of anticipated LOS			<input type="checkbox"/> Begin discharge planning					
TEACHING	<input type="checkbox"/> View Video - "It's As Easy as Coughing and Deep Breathing" HANDOUTS: <input type="checkbox"/> Before & After Your Surgery <input type="checkbox"/> Colon Surgery <input type="checkbox"/> Initiate Ostomy pathway if applicable <input type="checkbox"/> Ostomy Teaching started as indicated			<input type="checkbox"/> Incent Spirometer	<input type="checkbox"/> Ostomy Teaching started as indicated	<input type="checkbox"/> Ostomy Teaching started as indicated	<input type="checkbox"/> Ostomy Teaching started as indicated	<input type="checkbox"/> Ostomy Teaching started as indicated	<input type="checkbox"/> Ostomy Teaching started as indicated <input type="checkbox"/> Discharge Instruction sheet for colon surgery
EVALUATION	_____ Initials _____ Unit	_____ Init'ls _____ Unit	_____ Init'ls _____ Unit	_____ Init'ls _____ Unit	_____ Init'ls _____ Unit	_____ Init'ls _____ Unit	_____ Init'ls _____ Unit	_____ Init'ls _____ Unit	_____ Init'ls _____ Unit

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