

Pediatric Bariatric ERAS protocol as of 5/4/2021 working document.

Preop Care:

Gatorade 20 oz 4 hours preop for PONV
 Gabapentin 600mg pills
 Tylenol 1000mg with Gatorade for PONV and Pain
 Scope Patch on admission for PONV

Prophylaxis
 Pneumatic compression boots for DVT
 Heparin 5000IU sq preop for DVT
 Ancef 2-3 grams IV on induction for Infection

Anesthesia: multimodal therapy recommended:

Using adjusted body weight for weight-based dosing of obese patients:

- 1) Estimate Ideal body weight in (kg)
 Males: IBW = 50 kg + 2.3 kg for each inch over 5 feet.
 Females: IBW = 45.5 kg + 2.3 kg for each inch over 5 feet.
- 2) Calculate adjusted body weight
 AjBW = adjusted body weight:
 $AjBW = IBW + 0.4(ABW - IBW)$

These meds recommended

Dexmedetomidine
 Administer a minimum of 0.5 mcg/kg (using the adjusted body weight)
 Do not administer >1 mcg/kg

Ketamine
 Administer a minimum of 30 mg or 0.5 mg/kg (using the adjusted body weight)
 Do not administer >1 mg/kg

Dexamethasone
 Administer >0.1 mg/kg (up to 12 mg, using the adjusted body weight)

Ketorolac 30mg IV(0.5-1 mg/kg (maximum 30mg)) for Pain

Ondansetron 8mg IV

Surgeons to perform Bilateral laparoscopically guided Tap blocks

Mix 20ml EXPAREL (266mg) and 20ml 0.25% bupivacaine (2.5mg/ml) is 316mg (maximum dose 3mg/kg). Inject 20ml of mixture on either side subcostal, transverses abdominus plane

May use additional 10cc local 0.25% bupivacaine in incisions if weight allows.

Postop Care: start immediately postop unless vomiting.

MEDS:

For pain

Tylenol po 650mg pills q6 hours RTC - USE IV POD#0

Ketorolac 15mg IV q6 hours RTC

Gabapentin 600mg BID RTC (pill form)

PRN

Oxycodone 5mg-10mg po q6 prn pain

Hydromorphone 0.005-0.15mg/kg/dose PRN in severe pain

For PONV

Ondansetron 8mg IV q8 RTC

Scopolamine Patch

PRN

Ativan 0.5mg IV q 6 hours PRN nausea

Reglan 15mg IV q8 PRN severe nausea

FLUIDS:

IV LR at 125cc/hour until discharge. (DO NOT STOP until discharge)

ACTIVITY:

Out of bed and ambulate within 4 hours of surgery with PT

Ambulate every 2-4 hours while awake for DVT and pulmonary toilet

SCD's while in bed

Heparin 5000mg sq BID or (TID if >150kg)

DIET:

NPO except meds POD #0.

No postop swallow unless ordered

Advance per new protocol:

POD#1 1oz (30cc) every 30 min

Includes: water, sugar free non-carbonated beverage or sugar free jello

No juice or soda

POD#2 2oz (30cc) every 30 min

Include protein shakes, milk, other sugar free full liquids or sugar free pudding.

DISCHARGE CRITERIA:

Afebrile

Able to perform ADL's same as preop

Pain and Nausea controlled with oral meds

Tolerates water – intake of 500 cc over one shift (protein shakes not required prior to discharge)

Discharge Medications:

For PAIN:

Tylenol 650mg QID

Only offer oxycodone if taking in hospital regularly

For PONV:

Odansetron 8mg po TID prn

For Prophylaxis:

Ursodiol 600mg po BID 6 month supply

Prilosec 20mg po qD 6 month supply

Discharge on Extended prophylaxis with LMWH if personal or family history of blood clots or travel by plane or >4 hours by car in first 2 weeks postop - Lovenox x2-4 weeks.

Vitamins:

Pediatric chewable with iron (not gummy) MVI 1 po BID

Calcium with vitamin D chews take for 1000mg calcium per day

And:

Vitamin B1 100mg po qD 6 month supply

Vitamin B12 1000ug sublingual qD

Or:

Neurobion Classico Vitamin B complex 1 tablet per day.

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To be discussed with Tony Anderson for future versions:

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