LPCH BSTOP Protocol

Preoperative: Clinic Guideline--Set patient expectations with the standardized patient education as provided by MBSAQIP

Preoperative: (Day of Surgery)

1. Acetaminophen (Tylenol®) 1000mg po (unless allergy)
2. Celecoxib (Celebrex®) 200 mg po (unless GFR<60 or allergy)
3. Pregabalin (Lyrica®) 75-300 mg PO (pediatric dosing similar to spine do not use if on similar medication or allergy)
4. Routine avoidance of **any** opioids prior to surgery

Intraoperative: Guideline--Routine avoidance of intraoperative opioid use

1. Avoid opioids for induction of anesthesia
2. Avoid or limit opioids during anesthesia or at least the last 45 minutes of the end of the operative procedure
3. Consider: IV Ketamine infusion. Avoid lidocaine or magnesium infusions
4. Laparoscopic transversus abdominus plane (TAP) blocks in **ALL** Patients without an allergy or contraindication to Bupivacaine (maximum dose of 2 mg per kg)

Postoperative: Post-Anesthesia Care Unit (PACU) Guideline--This protocol does not include guidelines for PACU order sets. Data on opioid use will only be recorded while a patient is physically in the PACU if that patient's care is being rendered using the surgeon's order sets.

Postoperative: Inpatient Guideline--Routine use of at least two nonopioid analgesics after surgery

1) Acetaminophen (Tylenol®) 975-1000 mg

- Oral (liquid, tablet or capsule) every 8 hours **scheduled** not to exceed five days
- May take Acetaminophen 500 mg 4 hours after the previous dose for moderate breakthrough pain once daily
- The total daily dose of Acetaminophen is NOT to exceed 4000 mg
- Exception: Patients with a contraindication to Acetaminophen (such as an allergy or adverse reaction)

2) Ketorolac (Toradol®) 15 mg IV every 8 hours

- Contraindicated with glomerular filtration rate (GFR) <60
- All Patient should be on IV antacid when using Ketorolac

3) Pregabalin (Lyrica®) 75-150 mg PO twice daily

4) Oxycodone IR 5 mg PO every 6 hours **as needed** for severe breakthrough pain

- Avoid the use of hydrocodone-acetaminophen combination analgesics (examples include: Percocet®, Norco®, Norco®, Vicodin®, Lorcet®, Hycet®)

5) Avoid the routine use of patient-controlled anesthesia (PCA)

Post-Discharge: Outpatient

Guideline--Routine use of at least one nonopioid analgesic for at least three days and at most five days after surgery

1. Acetaminophen (Tylenol®) 1000 mg
    a. Oral (liquid, tablet or capsule) every 8 hours **scheduled** not to exceed 5 days
    b. May take Acetaminophen 500 mg 4 hours after the previous dose for moderate breakthrough pain once a day
    c. The total daily dose of Acetaminophen is NOT to exceed 4000 mg
2. Celecoxib (Celebrex®) 200 mg PO twice daily
3. Pregabalin (Lyrica®) 100 mg twice daily- stop at 5 days
4. Oxycodone IR 5 mg PO every 6 hours **as needed** for severe breakthrough pain

Discharge Opioid Prescribing--All patients will be given the option of being discharged with NO opioid prescription

1. Prescribing recommendations for patients being discharged
    a. Any patient may elect to have no prescription for opioids
    b. If patient requires an opioid prescription, use: Oxycodone IR tablet 5 mg every 6-8 hours for moderate to severe breakthrough pain
2. Patients to receive instructions to record opioid use at home (from standardized MBSAQIP-issued patient education materials)
3. Providers and teams will be instructed as to how to create clinic “smart text” in the electronic health record to ask for total number of opioid pills or ml patients have used at home after discharged from the hospitalization.
4. Patients to receive instructions to return unused opioid medication to safe

disposal program when available (from standardized MBSAQIP-issued patient education materials)

5. Discharge follow-up recommendations
    a. Initial post-operative clinic visit <30 days after date of surgery to include data collection on post-discharge opioid use