Queen's Anesthesia APMS Guide

Standard Tasks for APMS Patient

Review:

- Anesthetic record
- Surgical record
- Blood loss and blood products
- Recent labs
- Notes from Surgery
    - Note D/Cing of NG tube for NPO status
    - Plan/timing for home?
- Notes from nursing
- Notes from APMS (on ACUPAM)
    - Plan from previous day
    - Changes or crises overnight
    - Trends on pain and clinical course

Discharging from APMS

PCA patients:

1. "D/C PCA-IV"
2. "D/C APMS"
3. New analgesia "suggest orders" or "agree with service orders" if done by Sx

Epidural patients:

1. "D/C epidural - catheter removed"
2. "D/C APMS"
3. "Resume prophylactic heparin in 2 hours" (**state time explicitly**)
4. New analgesia "suggest orders" or "agree with service orders" if done by Sx

Patients with Epidurals

Procedure Documentation:

- Baseline BP/HR
- Details on procedure (traumatic?)
- Pump start time and BP change
- Fluid status/bleeding
    - INR
    - Total fluid loss
    - Estimated blood loss
- Relevant PMHx
    - e.g. aortic stenosis – avoid hypotension

Daily Assessments/Tasks:

- Current BP/HR
- Pain score (rest and movement)
- Side effects (nausea, vomiting, pruritus, sedation)
- Sensory level (ice test)
- Motor block (leg raise, baseline)
    - **not** normal in thoracic epidurals – floor staff may need education
- Site (migrated, leaking, tape intact)
- Ensure filter taped to ant. shoulder
- Hold heparin day before expected catheter removal

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Usual number of days on APMS

Surgery	Usual days	Common Modalities	Notes
AAA repair	3-5	Epidural; PCA	NG tube typically in for 48h
Bowel resection +/- ostomy	2-3 (ERAS) 2-4 (non-ERAS)	Epidural; PCA +/- TAP	No NSAIDs (anastomosis) (ERAS protocol on anesthesia.ca)
Cholecystectomy (**open**)	1-2	Epidural; PCA +/- TAP	
Cystectomy + ileoconduit	3-5	Epidural; PCA	Recent INR/PTT/CBC before epidural catheter removal if big blood loss
Esophagectomy	3-5	Epidural; PCA	No NSAIDs (anastomosis); Recent INR/PTT/CBC before epidural catheter removal if significant blood loss (ie. >500 mL)
Hepatic resection	3-5	Epidural; PCA	Follow INR if epidural in situ (vitamin K if necessary)
Hernia repair (**open**)	1 (small) 2-3 (large)	Epidural; PCA +/- TAP	
Living kidney donation - nephrectomy	1 only (*As per Dr. McGregor*)	PCA +/- TAP	*Early D/C home*
Nephrectomy	1-2	Epidural; PCA	If epidural, trial po on POD#2
Prostatectomy	1	PCA +/- TAP	Off PCA POD#1
Renal Transplant	1	PCA	
TAHBSO (onc)	2	Epidural; PCA +/- TAP	HH POD#2; recent INR/PTT/ CBC before epidural catheter removal if significant blood loss (i.e >500 mL)
TAHBSO (non-onc e.g. myomectomy)	1	PCA	
Thoracotomy (VATS)	1-2	PCA +/- ESPB; ICNB + po	No NSAIDs (if large lobe resection or talc powder used)
Thoracotomy (open)	2-3	Epidural; PCA +/- ICNB or TPVB or ESPB	HH POD#2 (depending on time of chest tube removal); No NSAIDs (if large lobe resection or talc powder used)
Total hip or knee arthroplasty	1	SAB w/ epimorph + PAI +/- PCA	
Total shoulder arthroplasty	1	Interscalene block +/- PCA	If infusion with catheter was effective, give 5cc pump solution, remove catheter, transition to po/sc, & **f/u in PM**
Whipple	4-5	Epidural; PCA	Recent INR/PTT/CBC before epidural catheter removal

ESPB = erector spinae plane block; HH = hold heparin; ICNB = intercostal nerve block; PAI = periarticular injection; PCA = patient controlled analgesia; TAP = transverse abdominal plane block; TPVB = thoracic paravertebral block