### 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
### Queen’s Anesthesia APMS Guide

#### Usual number of days on APMS

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

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