

RAAPM Standardized Postop Analgesia Protocol (3/2008)

Modality	Medication / Dose	Indication
TEA/PCEA	0.25% bupivacaine + 0.0005% hydromorphone -use a medium rate (3-6cc) -PC doses at half basal q 60”	1. Preferred solution for TEA. 2. Abdominal/thoracic surgery 3. Higher concentration opioid in tolerant patients.
TEA/PCEA	0.125% bupivacaine + 0.001%hydromorphone -use a low rate (0-3cc) -PC doses q 20”	1. Abdominal surgery 2. Low postop BP's anticipated 3. Large fluid shifts expected 4. Uncertain analgesic requirements (elderly pt's)
TEA/PCEA	0.125% bupivacaine + 0.0005% hydromorphone -use a high rate (6-10 cc) -PC doses at half basal q 60”	1. Abdominal surgery 2. Need for a large spread of infusion anticipated 3. Higher concentration opioid in tolerant patients.
LEA	0.125% bupivacaine + 0.1% meperidine -use a high rate (10-12cc) -PC doses at half basal q 60”	1. Preferred LEA solution s/p leg(s) or Hip surgery 2. LEA is generally used only overnight 3. LEA is not appropriate for abdominal surgery
EREM (DepoDur)	2-10 mg via CSE	1. BHR, THR, bilateral TKR, gynecologic surgery 2. oral and iv rescue for all patients 3. PCA by RAAPM team only if needed POD #0. 4. Scopolamine patch and odansetron RTC
Celecoxib	200 mg po q12 hours	1. Age ≤ 65 years 2. Creatinine Clearance >60 3. No diagnosis of CAD or CVA 4. Risk factors for cardiovascular disease < 3 5. No major fluid shifts expected 6. Patient will have two kidneys after surgery 7. No current treatment for peptic ulcer disease 8. No history of sulfa allergy. 9. Surgeon not = Waters 10. Surgery not = esophageal
Acetaminophen	650mg or 1000mg po/DHT q6hours	1. No history of hepatic dysfunction or surgery. 2. Surgeon not = Waters 3. Surgery not = esophageal