

NMCP Total Joint ERAS Guidelines

Pre-op Patient

Liberal hydration up to
2 hours prior

Nursing

Check IV & Consent
Profend Nasal Swab
Shave op site
SCD non-op leg

Pre-op Rx's

Lyrica 75mg PO
(All < 70yo)
Tylenol 1000mg PO
Celebrex or Mobic
200mg or 15mg PO
(Hold for Cr >1.4)
Emend 40mg PO
Rapaflo 8mg PO
(All males >50yo)

Block service

Adductor canal block NOT indicated when plan is for neuraxial with intra-articular jointcocktail for primary TKA or THA. Discuss blocks for known planned GA. If block agreed upon, the preferred sedation avoids fentanyl. Preferentially utilize versed (1-5mg). LA dose is 15mL of 0.2% ropivacaine.

Spinal (no Epi/narcotics)

neuraxial preferred over general

Bupiv 0.5% (if not same day discharge)

2.0ml (10mg) ~ 2.5-3 hours

2.4ml (12mg) ~ 3 hours

3.0ml (15mg) ~ 3-4 hours

Mepiv 1.5% (if same day discharge)

3.3ml (50mg) ~ 2 hours

4.0ml (60mg) ~ 2.5 hours

Intra-op

Propofol sedation for spinals

TXA 1g prior to incision and 1g @ closure

Cefazolin 1-3 grams (weight based)

Decadron 10mg

MAP 60-70 (max forced VBP is 20% MAP)

Avoid narcotics

BGL Goal 140 - 200 (Insulin prn)

IV fluid goal ~ **1L LR or less**

Joint Cocktails: Ropiv 200mg, Toradol
30mg, Epi 1mg

PACU *No ketamine/Demerol/Phenergan/Benadryl/morphine/dilaudid/Ativan/valium, versed*

Post-op Order Set: "ANES PACU Adult" see "ERAS-TJ PACU Med Instructions"

Zofran for N/V

Pain control: ICE Man, & Fentanyl for breakthrough