

## Perioperative Spine Pain Protocol

### Pre-op Medications (To be ordered by the APS prior to the day of surgery)

- Acetaminophen 1 g
  - 650 mg if < 50 kg
  - 500 mg in patients with liver dysfunction, including cirrhotic patients.
- Gabapentin 600 mg
  - 300 mg if Cr  $\geq$  2 mg/dL (including patients on hemodialysis)
  - If the patient is on Gabapentin or Pregabalin at home, you can administer the home dosage or the dosage listed above, whichever one that is higher.
  - Held if patient  $\geq$  75 years of age, history of dementia, or at risk for delirium.
- Scopolamine patch. Held if patient  $\geq$  75 years of age, history of dementia, or at risk for delirium.

### Intra-op Management

- Pre-Admit/Admitted patients
  - Place two PIVs
  - Lidocaine 1.5 mg/kg IBW bolus on induction (~100 mg) then 1 mg/kg/hr IBW
    - Discontinue during closure or at the end of surgery, at the discretion of the anesthesia team. Leave the tubing in the Alaris pump channel and bring the lidocaine bag and channel (not the central module) to PACU. The PACU nurse will provide another channel to take back to the OR with you.
    - Held if history of unstable CAD, recent MI, congestive heart failure (EF < 35%), significant arrhythmias or heart block, cirrhosis, Cr  $\geq$  2 mg/dL, or uncontrolled seizure disorders.
  - Ketamine
    - 25 mg bolus on induction then 0.2 mg/kg/hr IBW.
    - Can increase to 0.25 mg/kg/hr if pain is poorly controlled.
    - Discontinue during closure or at the end of surgery, at the discretion of the anesthesia team. Waste remainder of medication.
    - Held if patient  $\geq$  75 years of age, history of delirium (or at risk for delirium), dementia, poorly controlled psychiatric illness, poorly controlled HTN, or elevated ICP/IOP.
  - Dexamethasone 8 mg IV (including patients with diabetes)
  - Acetaminophen – Administer same dose as pre-op dose q6h. Administer via IV only if the patient is NPO. For example, during a long surgical procedure, you can give IV acetaminophen during the case 6 hours after the pre-op dose.
  - Ketorolac 30 mg q6h
    - 15 mg if  $\geq$  65 years of age or < 50 kg
    - Held if Cr  $\geq$  1.5 mg/dL, history of active peptic ulcer disease, recent GI bleed, significant CAD or recent CABG, congestive heart failure (EF < 35%), severe hypovolemia, or bleeding disorder/anticoagulated.
  - PRN opioid of choice. Consider longer-acting IV opioids like hydromorphone/morphine to allow for better postoperative pain control.
  - No Exparel
- Outpatient/OBS patients
  - Dexamethasone 8 mg IV (including patients with diabetes)
  - Acetaminophen – Administer same dose as pre-op dose q6h. Administer via IV if the patient is NPO. For example, during a long surgical procedure, you can give IV acetaminophen during the case 6 hours after the pre-op dose.
  - Ketorolac 30 mg q6h
    - 15 mg if  $\geq$  65 years of age or < 50 kg
    - Held if Cr  $\geq$  1.5 mg/dL, history of active peptic ulcer disease, recent GI bleed, significant CAD or recent CABG, congestive heart failure (EF < 35%), severe hypovolemia, or bleeding disorders/anticoagulated.

- +/- Ketamine/Lidocaine, at the discretion of the anesthesia team. Can consider if patient is a chronic pain patient.
- +/- Exparel: At the discretion of the surgeon. If Exparel will be used, it should be mentioned by the surgeon during the timeout. If a lidocaine infusion is being utilized, it should be discontinued at least 20 minutes before Exparel administration.

#### Post-op Medications

- PACU medications to be ordered by the anesthesia team.
  - IV hydromorphone for pain 4-6 and 7-10. Consider IV fentanyl or morphine if a hydromorphone allergy is present
- Floor medications to be ordered by the APS
  - Acetaminophen 1 g q6h
    - 650 mg if < 50 kg
    - 500 mg in patients with liver dysfunction, including cirrhotic patients.
  - Gabapentin 300 mg TID.
    - Decrease to 100 mg TID if Cr  $\geq$  2 mg/dl
    - If the patient is on Gabapentin or Pregabalin at home, you can administer home dosage or the dosage listed above, whichever one that is higher.
    - Held if patient  $\geq$  75 years of age, history of dementia, or at risk for delirium.
  - Ketorolac 30 mg q6h x 48 hours
    - 15 mg if  $\geq$  65 years of age or < 50 kg
    - Held if Cr  $\geq$  1.5 mg/dL, history of active peptic ulcer disease, recent GI bleed, significant CAD or recent CABG, congestive heart failure (EF < 35%), severe hypovolemia, or bleeding disorder/anticoagulated.
  - Ketamine 10 mg/hr, can titrate by 2 mg/hr every 2 hours up to a dose of 18 mg/hr
  - Lidocaine 1 mg/kg/hr IBW
  - Muscle relaxant of choice
  - PO/IV opioid of choice