EvidenceCare

Clinical Scenario

Elective Cholecystectomy

Scenario:
38-year-old male to ED from surgeon's office w/ cholecystitis. Reports on and off abdominal pain to the right flank radiating to the right upper quadrant and right lower quadrant for several months. LAP CHOLE planned by surgeon

ED Course: 4mg IV Morphine for pain 9/10

At Time of Decision:
Medical Hx: Hyperlipidemia, bipolar disorder, lung cancer in remission, status post LLL lobectomy, cervical spondylosis with radiculopathy
Vital Signs: WNL, pain 3/10
Radiology: Abd U/S = gallbladder distended with sludge, and enlarged fatty liver
Labs: WNL

Recommended Workflow

C- Consider appropriate care setting
- Outpatient/Ambulatory (if possible)

A- Ask what the principal diagnosis is?
- Cholecystitis (with Lap Chole planned per surgeon)

R- Review INPT guideline first, then OBS
- Review Ambulatory Cholecystectomy by Laparoscopy: MET

E- Enter bed status / level of care order
- Ambulatory

D- Document criteria in medical record

Cholecystectomy by Laparoscopy (Ambulatory)

- ❑ Operative Status Criteria: Amb Stay Indicated by (ONE):
- ☑ Symptomatic, BOTH:
  - ☑ Evidence, ONE:
    - ☑ + stones
    - ❑ non-visualized GB per NM
  - ☑ Symptoms, ONE:
    - ☑ Biliary Colic
    - ❑ Acute cholecystitis, ALL:
      - ❑ RUQ pain, mass, tender
      - ❑ Inflammation, one:
        - ❑ Core temp ≥100.4°F/38°C
        - ❑ C-reactive >10 mg/L
      - ❑ WBC >10k/mm3,<4k/mm3
- ❑ Asymptomatic, high cancer risk (calcified GB wall, GB polyp > 1cm or rapid growth, choledochal cyst, anomalous pancreaticobiliary junction)
- ❑ Asymptomatic, high risk for complications (pretransplant, chronic hemolytic syndromes)
- ❑ Other symptomatic biliary disease, one:
  - ❑ Acalculous cholecystitis
  - ❑ Adenomyomatosis
  - ❑ Biliary dyskinesia
  - ❑ Cholecystoenteric fistula
- ❑ Prophylactic, after stone cleared
- ❑ (hx of common bile duct stone)
- ❑ Part of combined procedure to relieve SBO due to gallstone ileus

Teaching Points

- Ambulatory surgery or Elective procedures admissions 'usually' can be discharged same day as procedure.
- If Ambulatory, Outpatient, or Outpatient in a Bed orders are not options in your facility discuss with UR about OBS.
- If a complication during surgery or postoperatively, warranting an overnight stay, an OBS order can be placed at that time.
- An OBS order can only be placed if patient meets criteria. Placing in INPT or OBS to "get the patient on the OR list" or "routine pre-operative testing" is not appropriate for bed status criteria.
- In this example, patient was sent to ED for planned surgical procedure, no need to go to ED, no supportive criteria, however, surgeon plans on performing surgery once admitted (no fever, no stones, no abnormal labs).
- INPT selection for a procedure such as cholecystectomy is based upon judgement of the admitting physician/surgeon (i.e. open procedure, complications suspected, etc.) with supportive documentation.
- INPT maybe appropriate if another INPT guideline is appropriate with cholecystitis (ie Acute Renal Failure).
- If INPT or OBS guideline are not met, discharging with outpatient follow up may be most appropriate.
- If patient admitted for specific procedure/diagnosis with no available guideline, then select General Surgery (GRG) guideline.