TSI Care Pathway Standardization: Pneumonectomy

To supplement TSI BestPractice components

Points of Care Endorsed by: TSI Executive Committee 12/09/14 & TSI 4th Meeting 2/23/15

1. Dx / Staging
   a. Usual diagnostic / staging algorithm as per TSI pulmonary resection standardized care document
      i. Invasive mediastinal staging
   b. Definitive pathologic diagnosis prior to performing pneumonectomy
      i. If not, clear documentation wrt reason

2. Risk assessment
   a. ppo FEV1 or DLCO < 50% predicted
      i. Quantitative perfusion scan &/or CPET
   b. Cardiac optimization
      i. ECHO &/or cardiology consult
   c. Laryngeal dysfunction assessed

3. Preop
   a. Anesthesia coordination

4. Intraop
   a. Afib prophylaxis
      i. Consider amiodarone
      ii. Electrolyte optimization
      iii. Assure continuity of preop B blocker
   b. Protective ventilation
      i. $FIO_2$ 0.5,
      ii. $VT$ 6 mL/kg
iii. positive end-expiratory pressure 5 cm H2O

iv. pressure-controlled ventilation
   1. CHEST 2011; 139:530–537

c. Minimize intraop fluid administration

d. Bronchial stump
   i. Reinforcement w flap
      1. Especially R

5. Postop
   a. Telemetry
   b. NPO until VC function assessed (L resections or R EPP) to minimize aspiration risk
   c. CXR on discharge

6. Out patient
   a. Weekly clinic visits for 1 month encouraged
      i. CXR each visit
         1. ATS 2001;72:1855-60.

7. Additional points of consideration but not mandated (honorable mention)
   a. Risk assessment
      i. CPET
      ii. Stair climbing
      iii. Hgb
      iv. Phrenic nerve function
   b. Preop
      i. Pulmonary rehab
      ii. Smoking cessation
      iii. Consultations prn:
         1. Pulmonary
         2. Cardiology
         3. Infectious Disease if septic lung disease

Questions – please contact TSI Coordinator at 503-215-6724
iv. Nasal mupirocin

c. Intraop
   i. LN dissection & FS evaluation prior to pulmonary parenchymal resection
   ii. Pulmonary artery management
      1. Control early in case
   ii. Trial clamping main PA
      1. 3 min
      ii. Solumedrol 250 mg 5 min prior to clamping/dividing PA
         1. ATS 2003;76:1029–35

d. Outpatient
   i. Rehab