

Form Title **ERAS Colorectal Surgery, Adult – Inpatient Post-Op Order Set**

Form Number **21053Bond**

© 2018, Alberta Health Services, CKCM



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. The license does not apply to content for which the Alberta Health Services is not the copyright owner.

To view a copy of this license, visit

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Disclaimer: This material is intended for use by clinicians only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

**ERAS Colorectal Surgery, Adult – Inpatient
Post-Op Order Set**

Select orders by placing a (✓) in the associated box

 For more information, see Clinical Knowledge Topic **ERAS Colorectal Surgery, Adult – Inpatient**

Last Name	
First Name	
PHN	MRN
Birthdate (dd-Mon-yyyy)	Physician

Admit, Transfer, Discharge		
<input type="checkbox"/> Anticipated Date of Discharge (dd-Mon-yyyy): _____		
Patient Care		
<i>Discuss Goals of Care with patient/Alternate Decision-Maker and update Goals of Care Designation, if applicable (#103547).</i>		
<input checked="" type="checkbox"/> Sequential compression device (SCD): discontinue when ambulating well		
Monitoring		
<input checked="" type="checkbox"/> Vital Signs: assess as per local institutional practices <input checked="" type="checkbox"/> Opioid Monitoring: monitor as per local institutional practices <input checked="" type="checkbox"/> Pain Score and Nausea Score: assess at least every 4 hours x 3 days and then every 8 hours <input type="checkbox"/> Blood Glucose Monitoring Point of Care Testing (POCT): QID <input type="checkbox"/> Other Monitoring: _____		
Activity		
<input checked="" type="checkbox"/> Activity as tolerated <ul style="list-style-type: none"> • POD 0: stand at bedside, up in chair, walk to doorway and back; activity goal is 2 hours • POD 1: up in chair each meal, ambulate at least 3 times daily; activity goal is 4 hours • POD 2 until discharge: up in chair each meal, ambulate at least 3 times daily; activity goal is 6 hours <input checked="" type="checkbox"/> Notify physiotherapist if pre-operative mobility concerns or if patient requires more than one-person assist		
Intake and Output		
<input checked="" type="checkbox"/> Intake and Output: assess every 8 hours x 4 days, include strict oral intake <i>Choose ONE:</i> <input type="checkbox"/> Indwelling Urinary Catheter: remove on POD 1 in AM <input type="checkbox"/> Indwelling Urinary Catheter: remove on POD 2 in AM for low anterior resection and abdominoperineal resection <input checked="" type="checkbox"/> In and Out Urinary Catheter: insert PRN for urinary retention once indwelling urinary catheter removed <input checked="" type="checkbox"/> Indwelling Urinary Catheter: insert if in and out urinary catheter is required twice. Notify most responsible health practitioner <input checked="" type="checkbox"/> Weight: assess daily x 3 days, start on POD 1 <input type="checkbox"/> Active Suction Drain(s): reprime every 8 hours and PRN, record output <input type="checkbox"/> Other Intake and Output: _____		
Diet/Nutrition		
<input checked="" type="checkbox"/> Clinical Communication: offer patient oral fluids; intake goal 500 mL on POD 0 <input checked="" type="checkbox"/> Post-Surgical Transition Diet: start on POD 0 <input checked="" type="checkbox"/> Regular Diet: start on POD 2 <input type="checkbox"/> Regular Diabetic – Adult Diet: start on POD 2 <input type="checkbox"/> Low Fiber Diet: start on POD 2 <input type="checkbox"/> Low Fiber Diabetic – Adult Diet: start on POD 2 <input type="checkbox"/> Other Diet/Nutrition: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

**ERAS Colorectal Surgery, Adult – Inpatient
Post-Op Order Set**

Last Name	
First Name	
PHN	MRN
Birthdate (dd-Mon-yyyy)	Physician

Diet/Nutrition, continued
Protein/Calorie Dense Oral Nutritional Supplements

Appropriate when patient is on any type of oral diet including Gluten-free and Diabetic - Adult. Suitable for lactose intolerance but NOT appropriate for dairy allergy. Achieve a supplement intake of 300 kcal/day on POD 0 and 600 kcal/day on POD 1 until discharge.

- Ensure Protein Max: 90 mL PO 3 times daily, start on POD 0 **and then** 90 mL PO 5 times daily, start on POD 1 until discharge

Wound Care

- Surgical Incisions: assess every 8 hours and PRN
 Wound Dressing Instructions: _____
 Active Surgical Drain(s) Care: assess and change dressing daily and PRN

Respiratory Care

- Incentive Spirometry: perform every 1 hour while awake
 Oxygen Therapy: titrate to saturation, maintain SpO₂ greater than 92%
 Head of Bed: elevate to at least 30 degrees while patient on opioids or epidural
 Other Respiratory Care: _____

Laboratory Investigations

- Complete Blood Count (CBC) with differential on POD 1 in AM and POD 3 in AM

If patient is receiving VTE prophylaxis choose repeat CBC with differential:

- Complete Blood Count (CBC) with differential, start on POD 1 in AM and repeat every 3 days x 5 times
 Creatinine on POD 1 in AM and POD 3 in AM
 Electrolytes (Na, K, Cl, CO₂) on POD 1 in AM and POD 3 in AM
 Magnesium (Mg) on POD 1 in AM and POD 3 in AM

Intravenous Therapy

- sodium chloride 0.9% lock when patient tolerating oral fluid intake
 lactated Ringer's infusion IV at 60 mL/hour if patient **not** tolerating oral fluid intake, lock when patient tolerating oral fluid intake
 potassium chloride 20 mmol in dextrose 5% (D5W) – sodium chloride 0.45% infusion IV at 60 mL/hour if patient **not** tolerating oral fluid intake, lock when patient tolerating oral fluid intake
 Other Intravenous Therapy: _____

Medications
VTE Prophylaxis

*Refer to AHS Provincial Clinical Knowledge Topic: VTE Prophylaxis, Adult – Inpatient. Refer to AHS VTE Weight-Band Table if patient has reduced renal function or is less than 40 kg or greater than 100 kg.
If patient is at increased risk of VTE (refer to AHS Venous Thromboembolism Prophylaxis Guideline) consider extended prophylaxis (up to 4 weeks post-discharge) with low molecular weight heparin (LMWH).*

Choose ONE:

- tinzaparin 4500 units SUBCUTANEOUSLY once daily at _____ hours (hh mm), start on POD ____ until discharge
 tinzaparin 4500 units SUBCUTANEOUSLY once daily at _____ hours (hh mm), start on POD ____ and extend therapy for 28 days
 Teach LMWH self-injection in preparation for discharge if patient on extended tinzaparin therapy
 Other VTE Prophylaxis: _____

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)
----------------------	--------------------	--------------

**ERAS Colorectal Surgery, Adult – Inpatient
Post-Op Order Set**

Last Name	
First Name	
PHN	MRN
Birthdate (dd-Mon-yyyy)	Physician

Medications, continued		
Antiulcer Agents and Acid Suppressants		
<input type="checkbox"/> pantoprazole EC tab 40 mg PO daily before breakfast until discharge <input type="checkbox"/> raNITidine 150 mg PO BID until discharge		
Bowel Stimulation		
<input checked="" type="checkbox"/> Chew gum 3 times daily (minimum 30 minutes each time), as tolerated Choose ONE: <input type="checkbox"/> magnesium gluconate 1000 mg PO BID, start on POD 1 and discontinue after first bowel movement <input type="checkbox"/> magnesium hydroxide 30 mL PO BID, start on POD 1 and discontinue after first bowel movement <input type="checkbox"/> Other Bowel Stimulation: _____		
Analgesics		
<i>Consider non-opioid analgesia or appropriate opioid-sparing multimodal analgesia. If needed, short acting opioids are recommended. Long acting opioids should be avoided.</i> <input type="checkbox"/> Follow Anesthesia/Acute Pain Service orders for continuous regional epidural, nerve block therapy and/or patient controlled analgesia (PCA) <input type="checkbox"/> Follow Surgery orders for patient controlled analgesia (PCA)		
Prophylaxis Analgesics		
<i>Consider dose reduction if patient is elderly.</i> <input checked="" type="checkbox"/> acetaminophen 975 mg PO every 6 hours X 5 days. Maximum of 4000 mg acetaminophen in 24 hours from all sources <i>Use caution if patient has renal impairment, is at high risk of acute kidney injury, or increased risk of anastomotic leak especially when low rectal anastomosis is anticipated.</i> Choose ONE: <input type="checkbox"/> ibuprofen 400 mg PO every 6 hours x 3 days. <i>If eGFR is greater than 30 mL/minute and patient has no epidural choose celecoxib:</i> <input type="checkbox"/> celecoxib 200 mg PO BID for 3 days <input type="checkbox"/> ketorolac 10 mg IV every 8 hours x 48 hours <i>If patient had open surgery without an epidural, long acting opioids may assist with pain control. Consider using only short acting opioids or the lowest possible dose of long acting opioid if patient is elderly or opiate-naïve.</i> <input type="checkbox"/> Other Prophylaxis Analgesics: _____		
PRN Oral Opioids (for pain not controlled by non-opioid analgesia)		
<i>Consider dose reduction if patient is elderly or opiate-naïve.</i> <input type="checkbox"/> oxyCODONE 5 mg PO every 4 hours PRN for pain not controlled by non-opioid analgesia		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

**ERAS Colorectal Surgery, Adult – Inpatient
Post-Op Order Set**

Last Name	
First Name	
PHN	MRN
Birthdate (dd-Mon-yyyy)	Physician

Medications, continued		
PRN Parenteral Opioids (for pain not controlled by oral opioids, or oral analgesia is contraindicated) Consider dose reduction if patient is elderly or opiate-naïve. Choose ONE:		
<input type="checkbox"/> morphine 2.5 to 5 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids <input type="checkbox"/> HYDROMORPHONE 0.5 to 1 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids <input type="checkbox"/> Other Analgesics: _____		
Antiemetics		
Prophylaxis Antiemetics Consider dose reduction if patient is elderly or has reduced renal function. Choose BOTH:		
<input type="checkbox"/> ondansetron 8 mg PO/NG (or ODT if difficulty swallowing or active vomiting with no IV access) every 8 hours x 48 hours and then ondansetron 4 mg PO/NG every 8 hours PRN <input type="checkbox"/> ondansetron 4 mg IV every 8 hours x 48 hours and then ondansetron 4 mg IV every 8 hours PRN if oral dose is not tolerated		
PRN Antiemetics Consider dose reduction if patient is elderly or has reduced renal function.		
<input type="checkbox"/> metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN <input type="checkbox"/> dimenhydrinate 25 to 50 mg PO/IV/IM every 4 hours PRN <input type="checkbox"/> Other Antiemetics: _____		
Glycemic Management Medications		
Refer to AHS Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic.		
Patient Teaching		
<input type="checkbox"/> Teach: ostomy self-management <input type="checkbox"/> Other Patient Teaching: _____		
Consults and Referrals		
<input type="checkbox"/> Nurse Specialized in Wound, Ostomy and Continence (NSWOC) <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Social Work <input type="checkbox"/> Transition Services <input type="checkbox"/> Other Consults and Referrals: _____		
Other Orders		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)