

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

Form Number **21054Bond**

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ERAS Colorectal Surgery, Adult – Inpatient Pre-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

Before Day of Procedure		
Patient Teaching		
<input checked="" type="checkbox"/> Teach: provide ERAS material and discuss perioperative patient goals <ul style="list-style-type: none"> Your Surgery Journey – Patient Guide (#104898) <p><i>Refer to AHS Pre-Operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults Guideline.</i></p> <input checked="" type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Non-Diabetic</i> (#104984) OR choose ONE: <input type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Non-Diabetic, Fasting Only</i> (#105119) <input type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Non-Diabetic, With Bowel Prep</i> (#104985) <input type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Non-Diabetic, With Bowel Prep, Fasting Only</i> (#105117) <input type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Diabetic</i> (#105118) <input type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Diabetic, With Bowel Prep</i> (#105129) <input type="checkbox"/> Instruct patient to hold _____ medication(s) _____ days prior to scheduled surgery <input type="checkbox"/> Other Patient Teaching: _____		
Consults and Referrals		
<input type="checkbox"/> Physician: Anesthesia <input type="checkbox"/> Physician: Internal Medicine <input type="checkbox"/> Nurse Specialized in Wound, Ostomy and Continence (NSWOC) <input checked="" type="checkbox"/> Screen for nutrition risk: use Canadian Nutrition Screening Tool (CNST [#21101]); use Malnutrition Screening Tool (MST) if CNST not available <ul style="list-style-type: none"> Refer to Registered Dietitian if clinically indicated <input type="checkbox"/> Other Consults and Referrals: _____		
Laboratory Investigations		
<input type="checkbox"/> Complete Blood Count (CBC) with differential <input type="checkbox"/> INR <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂) <input type="checkbox"/> Hemoglobin A1C: if not performed within last 3 months <input type="checkbox"/> Creatinine/eGFR <input type="checkbox"/> Type and Screen <input type="checkbox"/> Other Laboratory Investigations: _____		
Tumour Markers		
<input type="checkbox"/> CEA		
Diagnostic Investigations		
<input type="checkbox"/> GR Chest, 2 Projections (Chest X-Ray PA and Lateral) <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> Other Diagnostic Investigations: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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Bowel Preparation		
<input type="checkbox"/> No bowel preparation <input type="checkbox"/> Prescription provided to patient for Bowel Preparation with Oral Antibiotics		
<u>Bowel Preparation Options</u>		
<input type="checkbox"/> polyethylene glycol/electrolytes 4 L PO the day prior to surgery as per instructions <input type="checkbox"/> PICO-SALAX® (contains 2 packets) and 4 bisacodyl tablets as per instructions <input type="checkbox"/> Bi-PegLyte® Prep Kit (contains 2 packets of polyethylene glycol 3350 and electrolytes, and 3 bisacodyl tablets) the day prior to surgery as per instructions		
<u>Oral Antibiotic Option</u>		
<i>Neomycin is a compounded product that is not routinely available from all community pharmacies. Community pharmacies may require a few business days to obtain neomycin or may refer the patient to a compounding pharmacy. AHS is unable to assist in obtaining this medication for outpatient or inpatient use.</i>		
<input type="checkbox"/> neomycin 1 g PO at 1300, 1500 and 2000 hours the day prior to surgery and metronidazole 1 g PO at 1300, 1500 and 2000 hours the day prior to surgery		
<input type="checkbox"/> Prescription provided to patient for phosphate enema the evening prior to surgery <input type="checkbox"/> phosphate enema 130 mL RECTALLY the morning of surgery		
Day of Procedure		
Patient Care		
<i>Discuss Goals of Care with patient/ Alternate Decision Maker and complete or update Goals of Care Designation (#103547).</i>		
<input checked="" type="checkbox"/> Apply sequential compression device (SCD) <input checked="" type="checkbox"/> Apply forced-air warming device		
Monitoring		
<input checked="" type="checkbox"/> Vital signs: AM of surgery <input checked="" type="checkbox"/> Weight: AM of surgery <input type="checkbox"/> Blood Glucose Monitoring Point of Care Testing (POCT): AM of surgery <input type="checkbox"/> Other Monitoring: _____		
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Diet/Nutrition		
<p><i>Refer to AHS Pre-Operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults Guideline. The minimum duration of pre-operative fasting prior to the administration of anesthesia should be 8 hours after a meal that includes meat or fried or fatty foods, 6 hours after a light meal (such as toast and a clear fluid), 2 hours after clear fluids.</i></p>		
<p>Pre-operative eating and drinking</p>		
<p><input checked="" type="checkbox"/> Clinical Communication: Final snack 8 hours prior to scheduled surgery OR regular diet until bowel preparation initiated</p>		
<p><input checked="" type="checkbox"/> Clinical Communication: Clear fluids until 3 hours prior to scheduled surgery</p>		
<p><input checked="" type="checkbox"/> NPO 2 hours prior to scheduled surgery</p>		
<p><i>Refer to AHS Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic. The recommendation is to avoid carbohydrate loading patients with diabetes mellitus until prospective trials have been completed.</i></p>		
<p>Clinicians should use independent medical judgement in the context of individual clinical circumstances and delete the following order if required.</p>		
<p>Pre-operative carbohydrate loading</p>		
<p><input checked="" type="checkbox"/> Clear apple juice or cranberry cocktail 500 mL PO 3 hours prior to scheduled surgery. Must be consumed by 2 hours prior to scheduled surgery</p>		
<p>• If patient's admission is greater than 3 hours prior to scheduled surgery, provide carbohydrate load</p>		
<p><input checked="" type="checkbox"/> Assess and document last consumption of food and fluids (including carbohydrate load)</p>		
<p><input type="checkbox"/> Other Diet/Nutrition: _____</p>		
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Bowel Preparation		
<input checked="" type="checkbox"/> Assess and document bowel preparation		
Intravenous Therapy		
<input type="checkbox"/> Intravenous Cannula: insert intra-operatively		
<input type="checkbox"/> Intravenous Cannula: insert pre-operatively, apply saline lock		
Medications		
VTE Prophylaxis		
<i>Refer to AHS Provincial Clinical Knowledge Topic: VTE Prophylaxis, Adult – Inpatient. Refer to AHS Venous Thromboembolism Prophylaxis Guideline.</i>		
<input type="checkbox"/> heparin 5000 units SUBCUTANEOUSLY once pre-operatively		
<input type="checkbox"/> Other VTE Prophylaxis: _____		
Antibiotic Prophylaxis		
<i>Antibiotics should be given within 60 minutes prior to incision.</i>		
<i>For Elective Small Intestine, Non-obstructed procedures:</i>		
<i>Choose ONE option:</i>		
Option 1	<input type="checkbox"/> ceFAZolin 2 g IV once pre-operatively <i>If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam:</i>	
Option 2		<input type="checkbox"/> gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively AND <input type="checkbox"/> clindamycin 600 mg IV once pre-operatively
<i>For Elective Colorectal and Anal procedures:</i>		
<i>Choose ONE option:</i>		
Option 1	<input type="checkbox"/> ceFAZolin 2 g IV once pre-operatively AND <input type="checkbox"/> metroNIDAZOLE 500 mg IV once pre-operatively <i>If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam:</i>	
Option 2		<input type="checkbox"/> gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively AND <input type="checkbox"/> clindamycin 600 mg IV once pre-operatively <i>If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam:</i>
Option 3	<input type="checkbox"/> gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively AND <input type="checkbox"/> metroNIDAZOLE 500 mg IV once pre-operatively	
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Medications, continued		
<p>Analgesics <i>Consider dose reduction if patient is elderly.</i></p> <p><input checked="" type="checkbox"/> acetaminophen 975 to 1000 mg PO once pre-operatively, to be given 1 hour prior to surgery. Maximum of 4000 mg acetaminophen in 24 hours from all sources</p> <p><input type="checkbox"/> gabapentin 300 mg PO once pre-operatively, to be given 1 hour prior to surgery</p> <p><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></p> <p><input type="checkbox"/> ibuprofen 400 mg PO once pre-operatively, to be given 1 hour prior to surgery</p> <p>OR</p> <p><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. If patient has proven history of ulcers or complicated perforation, obstruction, or major bleeding choose celecoxib:</i></p> <p><input type="checkbox"/> celecoxib 400 mg PO once pre-operatively, to be given 1 hour prior to surgery</p> <p><input type="checkbox"/> Other Analgesics: _____</p>		
<p>Antiemetics <i>If patient has 3 or 4 of the following risk factors for post-operative nausea and vomiting (PONV)</i></p> <ul style="list-style-type: none"> • female gender • non-smoker • history of PONV or motion sickness • post-operative use of opioids <p>AND patient meets one of the following criteria</p> <ul style="list-style-type: none"> • High risk of developing PONV within 24 hours after surgery AND history of being refractory to other antiemetic treatments • Risk of medical sequelae of vomiting (i.e. jaw wiring, neurosurgery, upper gastrointestinal surgery) <p><i>Choose aprepitant:</i></p> <p><input type="checkbox"/> aprepitant 80 mg PO once pre-operatively, to be given 1 hour prior to surgery</p> <p><input type="checkbox"/> Other Antiemetics: _____</p>		
<p>Glycemic Management Medications <i>Refer to AHS Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic.</i></p>		
Other Orders		
<p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		
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