

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

Form Number   **21056**

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**ERAS Cystectomy Surgery, Adult – Inpatient  
Pre-Op Order Set**

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

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

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

<b>Before Day of Procedure</b>		
<b>Patient Teaching</b>		
<input checked="" type="checkbox"/> Teach: provide ERAS material and discuss perioperative patient goals <ul style="list-style-type: none"> <li>• Your Surgery Journey – Patient Guide (#104898)</li> </ul> <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) <b>OR choose ONE:</b>		
<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>Diabetic</i> (#105118) <input type="checkbox"/> Instruct patient to hold _____ medication(s) _____ days prior to scheduled surgery <input type="checkbox"/> Other Patient Teaching: _____		
<b>Consults and Referrals</b>		
<input type="checkbox"/> Physician: Anesthesia <input type="checkbox"/> Physician: Internal Medicine <input checked="" type="checkbox"/> Nurse Specialized in Wound, Ostomy and Continence (NSWOC) <input type="checkbox"/> Physiotherapy <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"> <li>• Refer to Registered Dietitian if clinically indicated</li> </ul> <input type="checkbox"/> Other Consults and Referrals: _____		
<b>Laboratory Investigations</b>		
<input type="checkbox"/> Complete Blood Count (CBC) with differential <input type="checkbox"/> PT INR <input type="checkbox"/> PTT <input type="checkbox"/> Albumin <input type="checkbox"/> Creatinine/eGFR <input type="checkbox"/> Electrolytes (Na, K, Cl, CO <sub>2</sub> ) <input type="checkbox"/> Hemoglobin A1C: if not performed within last 3 months <input type="checkbox"/> Urea <input type="checkbox"/> Type and Screen <input type="checkbox"/> Urine Bacterial Culture <input type="checkbox"/> Other Laboratory Investigations: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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<b>Diagnostic Investigations</b>		
<input type="checkbox"/> GR Chest, 2 Projections (Chest X-Ray PA and Lateral) <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> Other Diagnostic Investigations: _____		
<b>Day of Procedure</b>		
<b>Patient Care</b>		
<i>Discuss Goals of Care with patient or 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		
<b>Monitoring</b>		
<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: _____		
<b>Diet/Nutrition</b>		
<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> <b>Pre-operative eating and drinking</b> <input checked="" type="checkbox"/> Clinical Communication: Final snack 8 hours prior to scheduled surgery <input checked="" type="checkbox"/> Clinical Communication: Clear fluids until 3 hours prior to scheduled surgery <input checked="" type="checkbox"/> NPO 2 hours prior to scheduled surgery  <i>Refer to AHS Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient. The recommendation is to avoid carbohydrate loading patients with diabetes mellitus until prospective trials have been completed.</i> <b>Clinicians should use independent medical judgement in the context of individual clinical circumstances and delete the following order if required.</b>  <b>Pre-operative carbohydrate loading</b> <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 <ul style="list-style-type: none"> <li>• If patient's admission is greater than 3 hours prior to scheduled surgery, provide carbohydrate load</li> </ul> <input checked="" type="checkbox"/> Assess and document last consumption of food and fluids (including carbohydrate load) <input type="checkbox"/> Other Diet/Nutrition: _____		
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<b>Intravenous Therapy</b>		
<input type="checkbox"/> Intravenous Cannula: insert intra-operatively <input type="checkbox"/> Intravenous Cannula: insert pre-operatively, apply saline lock		
<b>Medications</b>		
<b>VTE Prophylaxis</b>		
<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: _____		
<b>Antibiotic Prophylaxis</b>		
<i>Antibiotics should be given within 60 minutes prior to incision.</i>		
<i>Choose ONE option:</i>		
<b>Option 1</b>	<input type="checkbox"/> ceFAZolin 2 g IV once pre-operatively <b>AND</b> <input type="checkbox"/> metroNIDAZOLE 500 mg IV once pre-operatively	
<i>If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any <math>\beta</math>-lactam:</i>		
<b>Option 2</b>	<input type="checkbox"/> gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively <b>AND</b> <input type="checkbox"/> clindamycin 600 mg IV once pre-operatively	
<b>Analgesics</b>		
<i>Consider dose reduction if patient is elderly.</i>		
<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 <input type="checkbox"/> gabapentin 300 mg PO once pre-operatively, to be given 1 hour prior to surgery <input type="checkbox"/> Other Analgesics: _____		
<b>Antiemetics</b>		
<i>If patient has 3 or 4 of the following risk factors for post-operative nausea and vomiting (PONV)</i>		
<ul style="list-style-type: none"> <li>• female gender</li> <li>• non-smoker</li> <li>• history of PONV or motion sickness</li> <li>• post-operative use of opioids</li> </ul>		
<b>AND patient meets one of the following criteria</b>		
<ul style="list-style-type: none"> <li>• High risk of developing PONV within 24 hours after surgery AND history of being refractory to other antiemetic treatments</li> <li>• Risk of medical sequelae of vomiting (i.e. jaw wiring, neurosurgery, upper gastrointestinal surgery)</li> </ul>		
<i>Choose aprepitant:</i>		
<input type="checkbox"/> aprepitant 80 mg PO once pre-operatively, to be given 1 hour prior to surgery <input type="checkbox"/> Other Antiemetics: _____		
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<b>Medications, continued</b>		
<b>Glycemic Management Medications</b> <i>Refer to AHS Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient.</i>		
<b>Other Orders</b>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>