

Form Title      **Enhanced Recovery for All Surgeries, Adult – Inpatient, Ambulatory  
Post-Op Order Set**

Form Number   **21057-bond**

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### Enhanced Recovery for All Surgeries, Adult – Inpatient, Ambulatory Post-Op Order Set

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

For more information, see Clinical Knowledge Topic **Enhanced Recovery for All Surgeries, Adult – Inpatient, Ambulatory**

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 or 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 <b>and then</b> 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"> <li>• POD 0: stand at bedside, up in chair, walk to doorway and back; activity goal is 2 hours</li> <li>• POD 1: up in chair each meal, ambulate at least 3 times daily; activity goal is 4 hours</li> <li>• POD 2 until discharge: up in chair each meal, ambulate at least 3 times daily; activity goal is 6 hours</li> </ul> <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 <input checked="" type="checkbox"/> Indwelling Urinary Catheter: remove on POD 1 in AM <input checked="" type="checkbox"/> In and Out Urinary Catheter: insert PRN for urinary retention once indwelling urinary catheter removed <input checked="" type="checkbox"/> Weight: assess daily x 3 days, start on POD 1 <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 1 <input type="checkbox"/> Regular Diabetic – Adult Diet: start on POD 1 <input type="checkbox"/> Other Diet/Nutrition: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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<b>Diet/Nutrition, continued</b>		
<b>Protein/Calorie Dense Oral Nutrition Supplements</b>		
<i>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.</i>		
<input checked="" type="checkbox"/> Ensure Protein Max: 90 mL PO 3 times daily, start on POD 0 <b>and then</b> 90 mL PO 5 times daily, start on POD 1 until discharge		
<b>Wound Care</b>		
<input checked="" type="checkbox"/> Surgical Incisions: assess every 8 hours and PRN		
<input type="checkbox"/> Wound Dressing Instructions: _____		
<b>Respiratory Care</b>		
<input checked="" type="checkbox"/> Incentive Spirometry: perform every 1 hour while awake		
<input checked="" type="checkbox"/> Oxygen Therapy: titrate to saturation, maintain SpO <sub>2</sub> greater than 92%		
<input checked="" type="checkbox"/> Head of Bed: elevate to at least 30 degrees while patient on opioids or epidural		
<input type="checkbox"/> Other Respiratory Care: _____		
<b>Laboratory Investigations</b>		
<input type="checkbox"/> Complete Blood Count (CBC) with differential on POD 1 in AM		
<i>If patient is receiving VTE prophylaxis choose repeat CBC with differential:</i>		
<input type="checkbox"/> Complete Blood Count (CBC) with differential, start on POD 1 in AM and repeat every 3 days x 5 times		
<input type="checkbox"/> Creatinine on POD 1 in AM		
<input type="checkbox"/> Electrolytes (Na, K, Cl, CO <sub>2</sub> ) on POD 1 in AM		
<b>Intravenous Therapy</b>		
<input checked="" type="checkbox"/> sodium chloride 0.9% lock when patient tolerating oral fluid intake		
<input checked="" type="checkbox"/> lactated ringer's infusion IV at 50 mL/hour if patient <b>not</b> tolerating oral fluid intake, lock when patient tolerating oral fluid intake		
<input type="checkbox"/> Other Intravenous Therapy: _____		
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<b>Medications</b>		
<b>VTE Prophylaxis</b>		
<p>Refer to AHS Provincial Clinical Knowledge Topic: VTE Prophylaxis, Adult – Inpatient. Refer to AHS VTE Prophylaxis Weight-Band Table if patient has reduced renal function or is less than 40 kg or greater than 100 kg.</p> <p>If patient has undergone abdominopelvic cancer surgery or is at increased risk of VTE (refer to AHS Venous Thromboembolism Prophylaxis Guideline) consider extended prophylaxis (up to 28 days post-discharge) with low molecular weight heparin (LMWH).</p> <p>Choose ONE:</p> <p><input type="checkbox"/> tinzaparin 4500 units SUBCUTANEOUSLY once daily at _____ hours (hh mm), start on POD ____ until discharge</p> <p><input type="checkbox"/> tinzaparin 4500 units SUBCUTANEOUSLY once daily at _____ hours (hh mm), start on POD ____ and extend therapy for 28 days</p> <p><input checked="" type="checkbox"/> Teach LMWH self-injection in preparation for discharge</p> <p><input type="checkbox"/> Other VTE Prophylaxis: _____</p>		
<b>Antiulcer Agents and Acid Suppressants</b>		
<p><input type="checkbox"/> pantoprazole EC tab 40 mg PO daily before breakfast until discharge</p> <p><input type="checkbox"/> ranitidine 150 mg PO BID until discharge</p>		
<b>Bowel Stimulation</b>		
<p><input checked="" type="checkbox"/> Chew gum 3 times daily (minimum 30 minutes each time), as tolerated</p> <p>Choose ONE:</p> <p><input type="checkbox"/> magnesium gluconate 1000 mg PO BID, start on POD 1 and discontinue after first bowel movement</p> <p><input type="checkbox"/> magnesium hydroxide 30 mL PO BID, start on POD 1 and discontinue after first bowel movement</p> <p><input type="checkbox"/> Other Bowel Stimulation: _____</p>		
<b>Analgesics</b>		
<p>Consider non-opioid analgesia or appropriate opioid-sparing multimodal analgesia. If needed, short acting opioids are recommended. Long acting opioids should be avoided.</p> <p><input type="checkbox"/> Follow Anesthesia/Acute Pain Service orders for continuous regional epidural, nerve block therapy and/or patient controlled analgesia (PCA)</p> <p><input type="checkbox"/> Follow Surgery orders for patient controlled analgesia (PCA)</p>		
<b>Prophylaxis Analgesics</b>		
<p>Consider dose reduction if patient is elderly.</p> <p><input checked="" type="checkbox"/> acetaminophen 975 to 1000 mg PO every 6 hours x 48 hours <b>and then</b> acetaminophen 975 to 1000 mg PO every 6 hours PRN for pain. Maximum of 4000 mg acetaminophen in 24 hours from all sources</p> <p>Use caution if patient has renal impairment or is at high risk of acute kidney injury.</p> <p><input type="checkbox"/> ibuprofen 400 mg PO every 6 hours x 48 hours <b>and then</b> ibuprofen 400 mg PO every 6 hours PRN for pain</p>		
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<b>Medications, continued</b>		
<b>PRN Oral Opioids</b> (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 to 10 mg PO every 4 hours PRN for pain not controlled by non-opioid analgesia		
<b>PRN Parenteral Opioids</b> (for pain not controlled by oral opioids, or oral analgesia is contraindicated) <i>Consider dose reduction if patient is elderly or opiate-naïve.</i>		
<i>Choose ONE:</i>		
<input type="checkbox"/> morphine 1 to 10 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids		
<input type="checkbox"/> HYDROMORPHONE 0.5 to 2 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids		
<input type="checkbox"/> Other Analgesics: _____		
<b>Antiemetics</b>		
<b>Prophylaxis Antiemetics</b> <i>Consider dose reduction if patient is elderly or has reduced renal function.</i>		
<i>Choose ONE option:</i>		
<b>Option 1</b>	{ <i>Choose BOTH:</i> <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 <b>and then</b> ondansetron 4 mg PO/NG every 8 hours PRN <input type="checkbox"/> ondansetron 4 mg IV every 8 hours x 48 hours <b>and then</b> ondansetron 4 mg IV every 8 hours PRN if oral dose is <b>not</b> tolerated	
<b>Option 2</b>		{ <input type="checkbox"/> metoclopramide 10 mg PO/NG/IV/IM every 6 hours x 48 hours <b>and then</b> metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN
<b>PRN Antiemetics</b> <i>Consider dose reduction if patient is elderly or has reduced renal function.</i>		
<b>PRN antiemetic agent must be from a different class than prophylaxis agent.</b>		
<input type="checkbox"/> ondansetron 4 mg PO/NG/IV (or ODT if difficulty swallowing or active vomiting with no IV access) every 8 hours PRN. If nausea and vomiting persist after first PRN dose, notify prescriber		
<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: _____		
<b>Glycemic Management Medications</b> <i>Refer to AHS Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient.</i>		
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<b>Patient Teaching</b>		
<input type="checkbox"/> Other Patient Teaching: _____		
<b>Consults and Referrals</b>		
<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: _____		
<b>Other Orders</b>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>