

Form Title Enhanced Recovery for All Surgeries, Adult – Inpatient, Ambulatory

Pre-Op Order Set

Form Number 21058-bond

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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	

Defens Day of Buses done			
Before Day of Procedure			
Patient Teaching			
 ✓ Teach: provide ERAS material and discuss perioperative patient goals Your Surgery Journey – Patient Guide (#104898) 			
Refer to AHS Pre-Operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults Guideline. ☑ Teach: Eating and Drinking Before Surgery: Patient Instructions – Non-Diabetic (#104984) ☐ Teach: Eating and Drinking Before Surgery: Patient Instructions – Non-Diabetic, Fasting Only (#105119)			
☐ Teach: Eating and Drinking Before Surgery: Patient	•	Jilly (#103119)	
☐ Instruct patient to hold me	edication(s) days prior to scho	eduled surgery	
☐ Other Patient Teaching:			
Consults and Referrals			
 □ Physician: Anesthesia □ Physician: Internal Medicine ☑ Screen for nutrition risk: use Canadian Nutrition Screening Tool (CNST [#21101]); use Malnutrition Screening Tool (MST) if CNST not available Refer to Registered Dietitian if clinically indicated 			
□ Other Consults and Referrals:			
Laboratory Investigations			
□ Complete Blood Count (CBC) with differential□ PT INR□ PTT			
 □ Creatinine/eGFR □ Electrolytes (Na, K, Cl, CO₂) □ Hemoglobin A1C: if not performed within last 3 months 			
□ Type and Screen			
□ Other Laboratory Investigations:			
Diagnostic Investigations			
☐ GR Chest, 2 Projections (Chest X-Ray PA and Lateral)☐ Electrocardiogram			
☐ Other Diagnostic Investigations:			
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)	

21058-bond (2019-08) Page 1 of 4



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

aker and complete or update Goals of Car	e Designation
OCT): AM of surgery	
administration of anesthesia should be 8 h ht meal (such as toast and a clear fluid), 2 to scheduled surgery prior to scheduled surgery tative Management of Patients with Diabete ading patients with diabetes mellitus until p	es Mellitus, Adult –
prior to scheduled surgery, provide ca	
	aker and complete or update Goals of Caracaker and Prior to Surgical Interventions — Adultation of anesthesia should be 8 high meal (such as toast and a clear fluid), 2 to scheduled surgery prior to scheduled surgery prior to scheduled surgery to the context of individual clinical circular the context of individual clinical circular to scheduled surgery, provide cand fluids (including carbohydrate load) Date (dd-Mon-yyyy)

21058-bond (2019-08) Page 2 of 4



Last Name	
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Intravenous Therapy		
☐ Intravenous Cannula: insert intra-operatively		
☐ Intravenous Cannula: insert pre-operatively, apply saline lock		
Medications		
VTE Prophylaxis Refer to AHS Provincial Clinical Knowledge Topic: VTE Prop Thromboembolism Prophylaxis Guideline. □ heparin 5000 units SUBCUTANEOUSLY once pre-o	•	Venous
☐ Other VTE Prophylaxis:		
Antibiotic Prophylaxis Refer to AHS Recommended Drug Regimens for Surgical Precommendations based on surgery type, patient weight and prior to incision. □ ceFAZolin 2 g IV once pre-operatively		
☐ Other Antibiotic Prophylaxis:		
Analgesics Consider dose reduction if patient is elderly. ☑ acetaminophen 975 to 1000 mg PO once pre-operations.		ery. Maximum
of 4000 mg acetaminophen in 24 hours from all sources		
\square gabapentin 300 mg PO once pre-operatively, to be ${\mathfrak g}$	given 1 hour prior to surgery	
Use caution if patient has renal impairment or is at high risk ☐ ibuprofen 400 mg PO once pre-operatively, to be giv OR		
Use caution if patient has renal impairment or is at high risk or complicated perforation, obstruction, or major bleeding characteristics. □ celecoxib 400 mg PO once pre-operatively, to be given	noose celecoxib:	en history of ulcers
☐ Other Analgesics:		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

21058-bond (2019-08) Page 3 of 4



Last Name	
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Medications, continued			
Antiemetics If patient has 3 or 4 of the following risk factors for post-oper	rative nausea and vomiting (PONV)		
 AND patient meets one of the following criteria 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) 			
Choose aprepitant: ☐ aprepitant 80 mg PO once pre-operatively, to be given 1 hour prior to surgery			
□ Other Antiemetics:			
Glycemic Management Medications Refer to AHS Provincial Clinical Knowledge Topic: Periopera Inpatient.	ative Management of Patients with Diabe	tes Mellitus, Adult –	
Other Orders			
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)	

21058-bond (2019-08) Page 4 of 4