

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

Form Number **21059-bond**

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

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

For more information, see Clinical Knowledge Topic **ERAS Gynecologic Oncology 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 		
Intake and Output		
<input checked="" type="checkbox"/> Intake and Output: assess every 8 hours x 4 days, include strict oral intake. Measure urine output as clinically indicated		
<input type="checkbox"/> Bladder Catheterization/Bladder Scanning Routine: conduct as per local institutional practices		
<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: _____		
Protein/Calorie Dense Oral Nutritional Supplements		
<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 and then 90 mL PO 5 times daily, start on POD 1 until discharge		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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Wound Care

- Surgical Incisions: assess every 8 hours and PRN
- Vaginal Packing: remove on POD 1 in AM
- Wound Dressing Instructions: _____

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
- 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
- Electrolytes (Na, K, Cl, CO₂) on POD 1 in AM

Intravenous Therapy

- sodium chloride 0.9% lock when patient tolerating oral fluid intake
- lactated ringer's infusion IV at 50 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
- Other VTE Prophylaxis: _____

Antiulcer Agents and Acid Suppressants

- pantoprazole EC tab 40 mg PO daily before breakfast until discharge
- ranitidine 150 mg PO BID until discharge

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)
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Medications, continued		
Bowel Stimulation		
<input checked="" type="checkbox"/> Chew gum 3 times daily (minimum 30 minutes each time), as tolerated		
Choose ONE:		
<input type="checkbox"/> magnesium hydroxide 30 mL PO BID, start on POD 1 and discontinue after first bowel movement		
<input type="checkbox"/> polyethylene glycol 3350 powder 17 g PO daily until discharge, start on POD 1		
<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 to 1000 mg PO every 6 hours x 48 hours and then acetaminophen 975 to 1000 mg PO every 6 hours PRN for pain. Maximum of 4000 mg acetaminophen in 24 hours from all sources		
<i>Use caution if patient has renal impairment or is at high risk of acute kidney injury.</i>		
<input type="checkbox"/> ibuprofen 400 mg PO every 6 hours x 48 hours and then ibuprofen 400 mg PO every 6 hours PRN for pain		
PRN Oral Opioids (for pain not controlled by non-opioid analgesia)		
<i>Consider dose reduction if patient is elderly or opiate-naïve.</i>		
Choose ONE:		
<input type="checkbox"/> oxyCODONE 5 to 10 mg PO every 4 hours PRN for pain not controlled by non-opioid analgesia.		
<input type="checkbox"/> HYDROmorphone 1 to 2 mg PO every 4 hours PRN for pain not controlled by non-opioid analgesia		
PRN Parenteral Opioids (for pain not controlled by oral opioids, or oral analgesia is contraindicated)		
<i>Consider dose reduction if patient is elderly or opiate-naïve.</i>		
Choose ONE:		
<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: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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Medications, continued		
Antiemetics		
<i>Consider dose reduction if patient is elderly or has reduced renal function.</i>		
Choose ONE option:		
Option 1	}	Choose ALL:
		<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 AND <input type="checkbox"/> metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN
Option 2	}	Choose BOTH:
		AND <input type="checkbox"/> metoclopramide 10 mg PO/NG/IV/IM every 6 hours x 48 hours and then metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN <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"/> Other Antiemetics: _____		
Glycemic Management Medications		
<i>Refer to AHS Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic.</i>		
Patient Teaching		
<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)