

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

Form Number **21060-bond**

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**ERAS Gynecologic Oncology Surgery, Adult –
Inpatient Pre-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

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)

OR choose ONE:
 Teach: Eating and Drinking Before Surgery: Patient Instructions – *Non-Diabetic, Fasting Only* (#105119)

 Teach: Eating and Drinking Before Surgery: Patient Instructions – *Diabetic* (#105118)

 Instruct patient to hold _____ medication(s) _____ days prior to scheduled surgery

 Other Patient Teaching: _____

Consults and Referrals
 Physician: Anesthesia

 Physician: Internal Medicine

 Nurse Specialized in Wound, Ostomy and Continence (NSWOC)

 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

 Albumin

 ALP

 ALT

 Bilirubin Total

 Calcium (Ca)

 Creatinine/eGFR

 Electrolytes (Na, K, Cl, CO₂)

 Glucose Random

 Hemoglobin A1C: if not performed within last 3 months

 Magnesium (Mg)

Tumour Markers
 CA 19-9

 CA 125

 CEA

 Type and Screen

 Red Blood Cells on Standby Request: _____ units Red Blood Cells

 HCG Beta (Blood Test, Pregnancy): within 72 hours prior to surgery

 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)

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

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"/> Urine Test, Pregnancy Point of Care Testing (POCT): AM of surgery <input type="checkbox"/> Other Monitoring: _____		
Diet/Nutrition		
<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>		
Pre-operative eating and drinking		
<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 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>		
Clinicians should use independent medical judgement in the context of individual clinical circumstances and delete the following order if required.		
Pre-operative carbohydrate loading		
<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"> • If patient's admission is greater than 3 hours prior to scheduled surgery, provide carbohydrate load <input checked="" type="checkbox"/> Assess and document last consumption of food and fluids (including carbohydrate load) <input type="checkbox"/> Other Diet/Nutrition: _____		
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 VTE Prophylaxis, Adult – Acute Care Clinical Knowledge Topic. Refer to AHS Venous Thromboembolism Prophylaxis Guideline.</i>		
<input type="checkbox"/> heparin 5000 units SUBCUTANEOUSLY once pre-operatively <input type="checkbox"/> Other VTE Prophylaxis: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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

Medications, continued

Antibiotic Prophylaxis
Antibiotics should be given within 60 minutes prior to incision.
 Choose ONE option:

Option 1 { ceFAZolin 2 g IV once pre-operatively
For procedures entering the rectum:
ADD
 metroNIDAZOLE 500 mg IV once pre-operatively

Option 2 { *If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam:*
 gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively
AND clindamycin 600 mg IV once pre-operatively

Analgesics
Consider dose reduction if patient is elderly.

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

gabapentin 300 mg PO once pre-operatively, to be given 1 hour prior to surgery

Use caution if patient has renal impairment or is at high risk of acute kidney injury.

ibuprofen 400 mg PO once pre-operatively, to be given 1 hour prior to surgery

OR

Use caution if patient has renal impairment or is at high risk of acute kidney injury. If patient has proven history of ulcers or complicated perforation, obstruction, or major bleeding choose celecoxib:

celecoxib 400 mg PO once pre-operatively, to be given 1 hour prior to surgery

Other Analgesics: _____

Antiemetics
If patient has 3 or 4 of the following risk factors for post-operative nausea and vomiting (PONV)

- female gender
- non-smoker
- history of PONV or motion sickness
- post-operative use of opioids

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 Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic.

Other Orders

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)
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