

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

Form Number **21061**

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

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

 For more information, see Clinical Knowledge Topic **ERAS Liver 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): BID x 48 hours. Notify most responsible health practitioner if blood glucose is less than 4 mmol/L or greater than 12 mmol/L		
<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 		
<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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Diet/Nutrition, continued		
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		
Wound Care		
<input checked="" type="checkbox"/> Surgical Incisions: assess every 8 hours and PRN <input type="checkbox"/> Wound Dressing Instructions: _____		
Respiratory Care		
<input checked="" type="checkbox"/> Incentive Spirometry: perform every 1 hour while awake <input checked="" type="checkbox"/> Oxygen Therapy: titrate to saturation, maintain SpO ₂ 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: _____		
Laboratory Investigations		
<input type="checkbox"/> Complete Blood Count (CBC) with differential, start on POD 1 in AM and repeat daily x 5 days <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"/> PT INR, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> PTT, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Albumin, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> ALP, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> ALT, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> AST, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Bilirubin Total, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Calcium (Ca), start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Creatinine, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂), start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> GGT, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Glucose Random, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> LD, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Lipase, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Magnesium (Mg), start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Phosphate, start on POD 1 in AM and repeat daily x 5 days <input type="checkbox"/> Urea, start on POD 1 in AM and repeat daily x 5 days		
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Intravenous Therapy

- sodium chloride 0.9% lock when patient tolerating oral fluid intake
- lactated ringer's infusion IV at 100 mL/hour if patient **not** tolerating oral fluid intake, lock when patient tolerating oral fluid intake
- potassium chloride 20 mmol in dextrose 5% (D5W) – sodium chloride 0.45% infusion IV at 100 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 has undergone abdominopelvic cancer surgery or 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: _____

Ant ulcer Agents and Acid Suppressants

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

If patient is unable to tolerate oral or enteral medication choose BOTH:

- pantoprazole 40 mg IV daily x 48 hours

AND THEN

- pantoprazole EC tab 40 mg PO daily before breakfast until discharge, start after 48 hours of IV pantoprazole

Bowel Stimulation

- Chew gum 3 times daily (minimum 30 minutes each time), as tolerated

Choose ONE:

- magnesium gluconate 1000 mg PO BID, start on POD 1 and discontinue after first bowel movement
- polyethylene glycol 3350 powder 17 g PO daily until discharge, start on POD 1
- Other Bowel Stimulation: _____

Analgesics

Consider non-opioid analgesia or appropriate opioid-sparing multimodal analgesia. If needed, short acting opioids are recommended. Long acting opioids should be avoided.

- Follow Anesthesia/Acute Pain Service orders for continuous regional epidural, nerve block therapy and/or patient controlled analgesia (PCA)
- Follow Surgery orders for patient controlled analgesia (PCA)

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Medications, continued
Prophylaxis Analgesics

Consider dose reduction if patient is elderly.

- acetaminophen 650 mg PO every 6 hours x 48 hours **and then** acetaminophen 650 mg PO every 6 hours PRN for pain. Maximum of 4000 mg acetaminophen in 24 hours from all sources

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

- 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)

Consider dose reduction if patient is elderly or opiate-naïve.

- oxyCODONE 5 to 10 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)

Consider dose reduction if patient is elderly or opiate-naïve.

Choose ONE:

- morphine 1 to 10 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids
- HYDROMORPHONE 0.5 to 2 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids
- Other Analgesics: _____

Antiemetics
Prophylaxis Antiemetics

Consider dose reduction if patient is elderly or has reduced renal function.

Choose BOTH:

- 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
- 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

PRN Antiemetics

Consider dose reduction if patient is elderly or has reduced renal function.

- metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN
- dimenhydrINATE 25 to 50 mg PO/IV/IM every 4 hours PRN
- Other Antiemetics: _____

Glycemic Management Medications

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

- AHS Basal Bolus Insulin Therapy (BBIT)

Patient Teaching

- Other Patient Teaching: _____

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Consults and Referrals		
<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 <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>