

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

Form Number **21062**

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

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

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

 For more information, see Clinical Knowledge Topic **ERAS Liver Surgery, Adult – Inpatient**

Before Day of Procedure			
Patient Teaching			
<input checked="" type="checkbox"/> Teach: provide ERAS material and discuss perioperative patient goals <ul style="list-style-type: none"> • Your Surgery Journey – Patient Guide (#104898) <p><i>Refer to AHS Pre-Operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults Guideline.</i></p> <input checked="" type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Non-Diabetic</i> (#104984) OR choose ONE: <input type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Non-Diabetic, Fasting Only</i> (#105119) <input type="checkbox"/> Teach: Eating and Drinking Before Surgery: Patient Instructions – <i>Diabetic</i> (#105118) <input type="checkbox"/> Instruct patient to hold _____ medication(s) _____ days prior to scheduled surgery <input type="checkbox"/> Instruct patient to stop all herbal supplements one week prior to scheduled surgery <input type="checkbox"/> Other Patient Teaching: _____			
Consults and Referrals			
<input type="checkbox"/> Physician: Anesthesia <input type="checkbox"/> Physician: Internal Medicine <input checked="" type="checkbox"/> Screen for nutrition risk: use Canadian Nutrition Screening Tool (CNST[#21101]); use Malnutrition Screening Tool (MST) if CNST not available <ul style="list-style-type: none"> • Refer to Registered Dietitian if clinically indicated <input type="checkbox"/> Other Consults and Referrals: _____			
Laboratory Investigations			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Complete Blood Count (CBC) with differential <input type="checkbox"/> PT INR <input type="checkbox"/> PTT <input type="checkbox"/> Albumin <input type="checkbox"/> ALP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> Bilirubin Total <input type="checkbox"/> Calcium (Ca) <input type="checkbox"/> Creatinine/eGFR <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Type and Screen <input type="checkbox"/> Red Blood Cells on Standby Request: _____ units Red Blood Cells <input type="checkbox"/> Other Laboratory Investigations: _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Electrolytes (Na, K, Cl, CO₂) <input type="checkbox"/> GGT <input type="checkbox"/> Glucose Random <input type="checkbox"/> Hemoglobin A1C: if not performed within last 3 months <input type="checkbox"/> Magnesium (Mg) <input type="checkbox"/> Phosphate <input type="checkbox"/> Protein Total <input type="checkbox"/> Urea Tumour Markers <input type="checkbox"/> Alpha Fetoprotein <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA </td> </tr> </table>		<input type="checkbox"/> Complete Blood Count (CBC) with differential <input type="checkbox"/> PT INR <input type="checkbox"/> PTT <input type="checkbox"/> Albumin <input type="checkbox"/> ALP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> Bilirubin Total <input type="checkbox"/> Calcium (Ca) <input type="checkbox"/> Creatinine/eGFR <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Type and Screen <input type="checkbox"/> Red Blood Cells on Standby Request: _____ units Red Blood Cells <input type="checkbox"/> Other Laboratory Investigations: _____	<input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂) <input type="checkbox"/> GGT <input type="checkbox"/> Glucose Random <input type="checkbox"/> Hemoglobin A1C: if not performed within last 3 months <input type="checkbox"/> Magnesium (Mg) <input type="checkbox"/> Phosphate <input type="checkbox"/> Protein Total <input type="checkbox"/> Urea Tumour Markers <input type="checkbox"/> Alpha Fetoprotein <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA
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Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)	

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Diagnostic Investigations		
<input type="checkbox"/> GR Chest, 2 Projections (Chest X-Ray PA and Lateral) <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> Other Diagnostic Investigations: _____		
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"/> 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		
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Medications		
VTE Prophylaxis <i>Refer to AHS Provincial Clinical Knowledge Topic: VTE Prophylaxis, Adult – Inpatient. Refer to AHS Venous Thromboembolism Prophylaxis Guideline.</i>		
<input type="checkbox"/> heparin 5000 units SUBCUTANEOUSLY once pre-operatively <input type="checkbox"/> Other VTE Prophylaxis: _____		
Antibiotic Prophylaxis <i>Antibiotics should be given within 60 minutes prior to incision.</i> <i>Choose ONE option:</i>		
Option 1 {	<input type="checkbox"/> ceFAZolin 2 g IV once pre-operatively	
<i>If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam:</i>		
Option 2 {	<input type="checkbox"/> gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively AND <input type="checkbox"/> clindamycin 600 mg IV once pre-operatively	
<i>If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam:</i>		
Option 3 {	<input type="checkbox"/> gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively AND <input type="checkbox"/> metroNIDAZOLE 500 mg IV once pre-operatively	
Analgesics <i>Consider dose reduction if patient is elderly.</i>		
<input checked="" type="checkbox"/> acetaminophen 650 mg PO once pre-operatively, to be given 1 hour prior to surgery. Maximum of 4000 mg acetaminophen in 24 hours from all sources <input type="checkbox"/> gabapentin 300 mg PO once pre-operatively, to be given 1 hour prior to surgery <input type="checkbox"/> Other Analgesics: _____		
Antiemetics <i>If patient has 3 or 4 of the following risk factors for post-operative nausea and vomiting (PONV)</i> <ul style="list-style-type: none"> • female gender • non-smoker • history of PONV or motion sickness • post-operative use of opioids 		
AND patient meets one of the following criteria <ul style="list-style-type: none"> • 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) 		
<i>Choose aprepitant:</i>		
<input type="checkbox"/> aprepitant 80 mg PO once pre-operatively, to be given 1 hour prior to surgery <input type="checkbox"/> Other Antiemetics: _____		
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Medications, continued		
Glycemic Management Medications		
<i>Refer to AHS Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic.</i>		
<input type="checkbox"/> Intravenous insulin infusion for NPO adult diabetic patient as per local institutional practices		
Other Orders		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>