

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

Form Number **21064**

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

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

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

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

| 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) <i>Refer to AHS Pre-Operative Fasting and Carbohydrate Loading Prior to Surgical Interventions – Adults Guideline.</i> | | |
| <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 surgery | | |
| <i>For patients having a Distal Pancreatectomy or Total Pancreatectomy procedure:</i> | | |
| <input type="checkbox"/> Instruct patient to be vaccinated for Hemophilus influenza, Pneumococcus, Meningococcus | | |
| <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 checked="" type="checkbox"/> Registered Dietitian: if patient is scheduled for Whipple or Total Pancreatectomy procedure | | |
| <input type="checkbox"/> Diabetes Nurse Educator | | |
| <input type="checkbox"/> Other Consults and Referrals: _____ | | |
| Laboratory Investigations | | |
| <input type="checkbox"/> Complete Blood Count (CBC) with differential | <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂) | |
| <input type="checkbox"/> PT INR | <input type="checkbox"/> GGT | |
| <input type="checkbox"/> PTT | <input type="checkbox"/> Glucose Random | |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Hemoglobin A1C: if not performed within last 3 months | |
| <input type="checkbox"/> ALP | <input type="checkbox"/> Magnesium (Mg) | |
| <input type="checkbox"/> ALT | <input type="checkbox"/> Phosphate | |
| <input type="checkbox"/> Bilirubin Total | <input type="checkbox"/> Protein Total | |
| <input type="checkbox"/> Calcium (Ca) | Tumour Markers | |
| <input type="checkbox"/> Creatinine/eGFR | <input type="checkbox"/> CA 19-9 | |
| <input type="checkbox"/> C-Reactive Protein | <input type="checkbox"/> CEA | |
| <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: _____ | | |
| Prescriber Signature | Date (dd-Mon-yyyy) | Time (hh mm) |

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| Before Day of Procedure, continued | | |
| 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

Refer to AHS VTE Prophylaxis, Adult – Acute Care Clinical Knowledge Topic. Refer to AHS Venous Thromboembolism Prophylaxis Guideline.

heparin 5000 units SUBCUTANEOUSLY once pre-operatively

Other VTE Prophylaxis: _____

Antibiotic Prophylaxis

Antibiotics should be given within 60 minutes prior to incision.

For Pancreas procedures:

Choose ONE option:

Option 1 { ceFAZolin 2 g IV once pre-operatively

If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β -lactam:

Option 2 { gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively
AND clindamycin 600 mg IV once pre-operatively

For Pancreas procedures with Pre-Op Biliary Stent In-situ:

Choose ONE option:

Option 1 { ceFAZolin 2 g IV once pre-operatively
AND vancomycin (15 mg/kg) _____ mg IV once pre-operatively

If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β -lactam:

Option 2 { gentamicin (1.5 mg/kg) _____ mg IV once pre-operatively
AND vancomycin (15 mg/kg) _____ 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

Other Analgesics: _____

| | | |
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Medications, continued
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.

- Intravenous insulin infusion for NPO adult diabetic patient as per local institutional practices

Other Medications

If patient has neuroendocrine tumour consider octreotide:

- octreotide 100 mcg SUBCUTANEOUSLY once pre-operatively

For patients having a Distal Pancreatectomy or Total Pancreatectomy procedure:

- Clinical communication: Confirm patient has been vaccinated for Hemophilus influenza, Pneumococcus, Meningococcus

Other Orders

- _____
- _____

| | | |
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