

Form Title **ERAS Major Gynecology Surgery, Adult – Inpatient, Ambulatory
Pre-Op Order Set**

Form Number **21261-bond**

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**ERAS Major Gynecology Surgery, Adult –
Inpatient, Ambulatory Pre-Op Order Set**

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

 For more information, see Clinical Knowledge Topic **ERAS Major Gynecology Surgery, Adult – Inpatient, Ambulatory**

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

 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

 Creatinine/eGFR

 PT INR

 Electrolytes (Na, K, Cl, CO₂)

 PTT

 Glucose Random

 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: _____

Day of Procedure
Patient Care
Discuss Goals of Care with patient/Alternate Decision-Maker and complete or update Goals of Care Designation (#103547).
 Apply sequential compression device (SCD)

 Apply forced-air warming device

 Perineal Clip: AM of surgery

Monitoring
 Vital Signs: AM of surgery

 Weight: AM of surgery

 Blood Glucose Monitoring Point of Care Testing (POCT): AM of surgery

 Urine Test, Pregnancy Point of Care Testing (POCT): AM of surgery

 Other Monitoring: _____

Prescriber Signature

Date (dd-Mon-yyyy)

Time (hh mm)

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Diet/Nutrition

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.

Pre-operative eating and drinking

- Clinical Communication: Final snack 8 hours prior to scheduled surgery
- Clinical Communication: Clear fluids until 3 hours prior to scheduled surgery
- NPO 2 hours prior to scheduled surgery

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.

Clinicians should use independent medical judgement in the context of individual clinical circumstances and delete the following order if required.

Pre-operative carbohydrate loading

- 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
 - If patient's admission is greater than 3 hours prior to scheduled surgery, provide carbohydrate load
- Assess and document last consumption of food and fluids (including carbohydrate load)
- Other Diet/Nutrition: _____

Intravenous Therapy

- Intravenous Cannula: insert intra-operatively
- Intravenous Cannula: insert pre-operatively, apply saline lock

Medications

VTE Prophylaxis

Refer to AHS VTE Prophylaxis, Adult – Acute Care Clinical Knowledge Topic. If patient is at increased risk of VTE (refer to AHS Venous Thromboembolism Prophylaxis Guideline) consider pre-operative anticoagulant prophylaxis.

- heparin 5000 units SUBCUTANEOUSLY once pre-operatively
- Other VTE Prophylaxis: _____

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

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

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)
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Medications, continued		
<p>Analgesics <i>Consider dose reduction if patient is elderly.</i> <input checked="" type="checkbox"/> 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 <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 once pre-operatively, to be given 1 hour prior to surgery OR <i>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:</i> <input type="checkbox"/> celecoxib 400 mg PO once pre-operatively, to be given 1 hour prior to surgery <input type="checkbox"/> Other Analgesics: _____</p>		
<p>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: _____</p>		
<p>Glycemic Management Medications <i>Refer to AHS Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic.</i></p>		
Other Orders		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)