

Form Title      **ERAS Breast Reconstruction Surgery, Adult – Inpatient, Ambulatory  
Post-Op Order Set**

Form Number   **21262-bond**

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**ERAS Breast Reconstruction Surgery,  
Adult – Inpatient, Ambulatory Post-Op  
Order Set**

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

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

For more information, see Clinical Knowledge Topic **ERAS Breast Reconstruction Surgery, Adult – Inpatient, Ambulatory**

|  |                    |              |
|--|--------------------|--------------|
| <b>Admit, Transfer, Discharge</b>  |                    |              |
| <input type="checkbox"/> Anticipated Date of Discharge (dd-Mon-yyyy): _____  |                    |              |
| <b>Patient Care</b>  |                    |              |
| <i>Discuss Goals of Care with patient or 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<br><input type="checkbox"/> Apply breast binder<br><input type="checkbox"/> Apply abdominal binder   |                    |              |
| <b>Monitoring</b>  |                    |              |
| <input checked="" type="checkbox"/> Vital Signs: assess as per local institutional practices<br><input checked="" type="checkbox"/> Opioid Monitoring: monitor as per local institutional practices<br><input checked="" type="checkbox"/> Pain Score and Nausea Score: assess at least every 4 hours x 3 days <b>and then</b> every 8 hours<br><input type="checkbox"/> Blood Glucose Monitoring Point of Care Testing (POCT): QID<br><input type="checkbox"/> Breast Free Flap Site: assess colour, temperature, pulses (Doppler signal), capillary refill <ul style="list-style-type: none"> <li>• Every 1 hour x 24 hours, <b>and then</b></li> <li>• Every 2 hours x 24 hours, <b>and then</b></li> <li>• Every 4 hours until discharge</li> <li>• Notify physician if any decreased circulation and/or Doppler signal changes</li> </ul> <input type="checkbox"/> Breast Non-Free Flap Site (pedicled): assess colour, temperature, capillary refill <ul style="list-style-type: none"> <li>• Every 4 hours and PRN until discharge</li> <li>• Notify physician if any decreased circulation</li> </ul> <input type="checkbox"/> Breast Area (including chest, axilla, back): assess for surgical site edema, pain, firmness <ul style="list-style-type: none"> <li>• Every 4 hours and PRN until discharge</li> <li>• Notify physician if sudden or progressive edema</li> </ul> <input type="checkbox"/> Other Monitoring: _____ |                    |              |
| <b>Activity</b>  |                    |              |
| <input checked="" type="checkbox"/> Activity as tolerated <ul style="list-style-type: none"> <li>• POD 0: stand at bedside, up in chair, walk to doorway and back; activity goal is 2 hours</li> <li>• POD 1: up in chair each meal, ambulate at least 3 times daily; activity goal is 4 hours</li> <li>• POD 2 until discharge: up in chair each meal, ambulate at least 3 times daily; activity goal is 6 hours</li> </ul>   |                    |              |
| Prescriber Signature   | Date (dd-Mon-yyyy) | Time (hh mm) |

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| Activity, continued  |                    |              |
|--|--------------------|--------------|
| <p><b>Arm Positioning</b><br/>Choose ONE:</p> <p><input type="checkbox"/> No restrictions</p> <p><input type="checkbox"/> Maintain in ipsilateral arm abduction (between 45 to 60 degrees)</p> <p><input type="checkbox"/> No abduction greater than 90 degrees</p> <p><b>Abdominal Flap Patient Positioning</b></p> <p><input type="checkbox"/> Lie on back with head of bed at 30 degrees, hips and knees flexed; do not lean on side</p> <p><input type="checkbox"/> Use abdominal binder for ambulation; ensure abdominal binder is not in contact with breasts</p>  |                    |              |
| Intake and Output  |                    |              |
| <p><input checked="" type="checkbox"/> Intake and Output: assess every 8 hours x 4 days, include strict oral intake</p> <p><input checked="" type="checkbox"/> Indwelling Urinary Catheter: remove on POD 1 in AM</p> <p><input checked="" type="checkbox"/> In and Out Urinary Catheter: insert PRN for urinary retention once indwelling urinary catheter removed</p> <p><input checked="" type="checkbox"/> Weight: assess daily x 3 days, start on POD 1</p> <p><input type="checkbox"/> Active Suction Drain(s): empty and reprime every 8 hours and PRN</p> <p><input type="checkbox"/> Other Intake and Output: _____</p> |                    |              |
| Diet/Nutrition   |                    |              |
| <p><input checked="" type="checkbox"/> Clinical Communication: offer patient oral fluids; intake goal 500 mL on POD 0, no caffeine</p> <p><input checked="" type="checkbox"/> Post-Surgical Transition Diet: start on POD 0, no caffeine</p> <p><input checked="" type="checkbox"/> Regular Diet: start on POD 1, no caffeine</p> <p><input type="checkbox"/> Regular Diabetic – Adult Diet: start on POD 1, no caffeine</p> <p><input type="checkbox"/> Other Diet/Nutrition: _____</p>   |                    |              |
| Protein/Calorie Dense Oral Nutritional Supplements   |                    |              |
| <p><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></p> <p><input checked="" type="checkbox"/> Ensure Protein Max: 90 mL PO 3 times daily, start on POD 0 <b>and then</b> 90 mL PO 5 times daily, start on POD 1 until discharge</p>  |                    |              |
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| Wound Care   |                    |              |
|--|--------------------|--------------|
| <input checked="" type="checkbox"/> Breast or Back Incision <ul style="list-style-type: none"> <li>• POD 0: Do not remove initial post-operative dressing, reinforce dressing PRN</li> <li>• POD 1 and daily until discharge: Remove dressing. Cleanse with sodium chloride 0.9% and apply topical antibiotic ointment. Apply non-adherent dressing</li> </ul> <input type="checkbox"/> Abdominal Incision <ul style="list-style-type: none"> <li>• POD 0: Do not remove initial post-operative dressing, reinforce dressing PRN</li> <li>• POD 1 and daily until discharge: Remove dressing. Cleanse with sodium chloride 0.9%. Apply non-adherent dressing and dry gauze</li> </ul> <input type="checkbox"/> Active Surgical Drain(s) Care: assess and change dressing daily and PRN <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Teach: active surgical drain self-management</li> </ul> <input type="checkbox"/> Other Wound Care: _____ |                    |              |
| Respiratory Care   |                    |              |
| <input checked="" type="checkbox"/> Incentive Spirometry: perform every 1 hour while awake<br><input checked="" type="checkbox"/> Oxygen Therapy: titrate to saturation, maintain SpO <sub>2</sub> greater than 92%<br><input checked="" type="checkbox"/> Head of Bed: elevate to at least 30 degrees while patient on opioids or epidural<br><input type="checkbox"/> Other Respiratory Care: _____  |                    |              |
| Laboratory Investigations  |                    |              |
| <input type="checkbox"/> Complete Blood Count (CBC) with differential on POD 1 in AM<br><i>If patient is receiving VTE prophylaxis choose repeat CBC with differential:</i><br><input type="checkbox"/> Complete Blood Count (CBC) with differential, start on POD 1 in AM and repeat every 3 days x 5 times<br><input type="checkbox"/> Creatinine on POD 1 in AM<br><input type="checkbox"/> Electrolytes (Na, K, Cl, CO <sub>2</sub> ) on POD 1 in AM   |                    |              |
| Intravenous Therapy  |                    |              |
| <input checked="" type="checkbox"/> sodium chloride 0.9% lock when patient tolerating oral fluid intake<br><input checked="" type="checkbox"/> lactated ringer's infusion IV at 50 mL/hour if patient <b>not</b> tolerating oral fluid intake, lock when patient tolerating oral fluid intake<br><input type="checkbox"/> Other Intravenous Therapy: _____   |                    |              |
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| Medications   |                    |              |
|---|--------------------|--------------|
| <b>VTE Prophylaxis</b>  |                    |              |
| <p><i>Refer to AHS Provincial Clinical Knowledge Topic: VTE Prophylaxis, Adult – Inpatient. Refer to AHS VTE Prophylaxis Weight-Band Table if patient has reduced renal function or is less than 40 kg or greater than 100 kg.</i></p> <p><i>If patient is at increased risk of VTE (refer to AHS Venous Thromboembolism Prophylaxis Guideline) consider extended prophylaxis (up to 28 days post-discharge) with low molecular weight heparin (LMWH).</i></p> <p>Choose ONE:</p> <p><input type="checkbox"/> tinzaparin 4500 units SUBCUTANEOUSLY once daily at _____ hours (hh mm), start on POD ____ until discharge</p> <p><input type="checkbox"/> tinzaparin 4500 units SUBCUTANEOUSLY once daily at _____ hours (hh mm), start on POD ____ and extend therapy for 28 days</p> <p><input checked="" type="checkbox"/> Teach LMWH self-injection in preparation for discharge</p> <p><input type="checkbox"/> Other VTE Prophylaxis: _____</p> |                    |              |
| <b>Antibiotic Prophylaxis</b>   |                    |              |
| <p><input checked="" type="checkbox"/> bacitracin-gramicidin-polymyxin B 500 unit-0.25 mg-10 000 unit/g ointment, apply TOPICALLY once daily to breast and/or back incision until discharge, as per wound care order</p>  |                    |              |
| <b>Antiulcer Agents and Acid Suppressants</b>   |                    |              |
| <p><input type="checkbox"/> pantoprazole EC tab 40 mg PO daily before breakfast until discharge</p> <p><input type="checkbox"/> ranitidine 150 mg PO BID until discharge</p>  |                    |              |
| <b>Bowel Stimulation</b>  |                    |              |
| <p><input checked="" type="checkbox"/> Chew gum 3 times daily (minimum 30 minutes each time), as tolerated</p> <p>Choose ONE:</p> <p><input type="checkbox"/> magnesium gluconate 1000 mg PO BID, start on POD 1 and discontinue after first bowel movement</p> <p><input type="checkbox"/> magnesium hydroxide 30 mL PO BID, start on POD 1 and discontinue after first bowel movement</p> <p><input type="checkbox"/> polyethylene glycol 3350 powder 17 g PO daily until discharge, start on POD 1</p> <p><input type="checkbox"/> Other Bowel Stimulation: _____</p>  |                    |              |
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| <p><b>Analgesics</b><br/> <i>Consider non-opioid analgesia or appropriate opioid-sparing multimodal analgesia. If needed, short acting opioids are recommended. Long acting opioids should be avoided.</i></p>   |                    |              |
| <p><b>Prophylaxis Analgesics</b><br/> <i>Consider dose reduction if patient is elderly.</i></p> <p><input checked="" type="checkbox"/> acetaminophen 975 to 1000 mg PO every 6 hours x 48 hours <b>and then</b> acetaminophen 975 to 1000 mg PO every 6 hours PRN for pain. Maximum of 4000 mg acetaminophen in 24 hours from all sources</p> <p><input type="checkbox"/> gabapentin 200 mg PO every 8 hours until discharge</p> <p><i>Choose ONE:</i><br/> <i>Use caution if patient has renal impairment or is at high risk of acute kidney injury.</i></p> <p><input type="checkbox"/> ibuprofen 400 mg PO every 6 hours x 48 hours <b>and then</b> ibuprofen 400 mg PO every 6 hours PRN for pain</p> <p><b>OR</b><br/> <i>Use caution if patient has renal impairment or is at high risk of acute kidney injury. If eGFR is greater than 30 mL/minute and patient has no epidural choose celecoxib:</i></p> <p><input type="checkbox"/> celecoxib 200 mg PO BID for 48 hours <b>and then</b> celecoxib 200 mg PO BID PRN for pain</p> <p><b>PRN Oral Opioids</b> (for pain not controlled by non-opioid analgesia)<br/> <i>Consider dose reduction if patient is elderly or opiate-naïve.</i></p> <p><input type="checkbox"/> oxyCODONE 5 to 10 mg PO every 4 hours PRN for pain not controlled by non-opioid analgesia</p> <p><b>PRN Parenteral Opioids</b> (for pain not controlled by oral opioids, or oral analgesia is contraindicated)<br/> <i>Consider dose reduction if patient is elderly or opiate-naïve.</i><br/> <i>Choose ONE:</i></p> <p><input type="checkbox"/> morphine 1 to 10 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids</p> <p><input type="checkbox"/> HYDRomorphone 0.5 to 2 mg IV/SUBCUTANEOUSLY every 4 hours PRN for pain not controlled by oral opioids</p> <p><input type="checkbox"/> Other Analgesics: _____</p> |                    |              |
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| Medications, continued  |                    |  |
|---|--------------------|--|
| <b>Antiemetics</b>  |                    |  |
| <b>Prophylaxis Antiemetics</b>  |                    |  |
| <i>Consider dose reduction if patient is elderly or has reduced renal function.</i>   |                    |  |
| <i>Choose ONE option:</i>   |                    |  |
| <b>Option 1</b>   | {                  | <i>Choose BOTH:</i>  |
|   |                    | <input type="checkbox"/> ondansetron 8 mg PO/NG (or ODT if difficulty swallowing or active vomiting with no IV access) every 8 hours x 48 hours <b>and then</b> ondansetron 4 mg PO/NG every 8 hours PRN<br><input type="checkbox"/> ondansetron 4 mg IV every 8 hours x 48 hours <b>and then</b> ondansetron 4 mg IV every 8 hours PRN if oral dose is <b>not</b> tolerated |
| <b>Option 2</b>   | {                  | <input type="checkbox"/> metoclopramide 10 mg PO/NG/IV/IM every 6 hours x 48 hours <b>and then</b> metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN  |
| <b>PRN Antiemetics</b>  |                    |  |
| <i>Consider dose reduction if patient is elderly or has reduced renal function.</i>   |                    |  |
| <b>PRN antiemetic agent must be from a different class than prophylaxis agent.</b>  |                    |  |
| <input type="checkbox"/> ondansetron 4 mg PO/NG/IV (or ODT if difficulty swallowing or active vomiting with no IV access) every 8 hours PRN. If nausea and vomiting persist after first PRN dose, notify prescriber<br><input type="checkbox"/> metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN<br><input type="checkbox"/> dimenhydrinate 25 to 50 mg PO/IV/IM every 4 hours PRN<br><input type="checkbox"/> Other Antiemetics: _____ |                    |  |
| Glycemic Management Medications   |                    |  |
| <i>Refer to AHS Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient.</i>  |                    |  |
| Patient Teaching  |                    |  |
| <input type="checkbox"/> Other Patient Teaching: _____  |                    |  |
| Consults and Referrals  |                    |  |
| <input checked="" type="checkbox"/> Physiotherapy<br><input type="checkbox"/> Occupational Therapy<br><input type="checkbox"/> Registered Dietitian<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Transition Services<br><input type="checkbox"/> Other Consults and Referrals: _____   |                    |  |
| Other Orders  |                    |  |
| <input type="checkbox"/> _____<br><input type="checkbox"/> _____  |                    |  |
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