

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

Form Number **21263-bond**

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

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

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"/> Other Patient Teaching: _____		
Consults and Referrals		
<input type="checkbox"/> Physician: Anesthesia		
<input type="checkbox"/> Physician: Internal Medicine		
<input type="checkbox"/> Physician: Oncology		
<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		
<input type="checkbox"/> Complete Blood Count (CBC) with differential		
<input type="checkbox"/> PT INR		
<input type="checkbox"/> PTT		
<input type="checkbox"/> Creatinine/eGFR		
<input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂)		
<input type="checkbox"/> Hemoglobin A1C: if not performed within last 3 months		
<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: _____		
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: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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Day of Procedure		
Patient Care		
<p><i>Discuss Goals of Care with patient or alternate decision-maker and complete or update Goals of Care Designation (#103547).</i></p> <p><input checked="" type="checkbox"/> Apply sequential compression device (SCD)</p> <p><input checked="" type="checkbox"/> Apply forced-air warming device</p>		
Monitoring		
<p><input checked="" type="checkbox"/> Vital Signs: AM of surgery</p> <p><input checked="" type="checkbox"/> Weight: AM of surgery</p> <p><input type="checkbox"/> Blood Glucose Monitoring Point of Care Testing (POCT): AM of surgery</p> <p><input type="checkbox"/> Urine Test, Pregnancy Point of Care Testing (POCT): AM of surgery</p> <p><input type="checkbox"/> Other Monitoring: _____</p>		
Diet/Nutrition		
<p><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></p> <p>Pre-operative eating and drinking</p> <p><input checked="" type="checkbox"/> Clinical Communication: Final snack 8 hours prior to scheduled surgery</p> <p><input checked="" type="checkbox"/> Clinical Communication: Clear fluids until 3 hours prior to scheduled surgery</p> <p><input checked="" type="checkbox"/> NPO 2 hours prior to scheduled surgery</p> <p><i>Refer to AHS Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient. The recommendation is to avoid carbohydrate loading patients with diabetes mellitus until prospective trials have been completed.</i></p> <p>Clinicians should use independent medical judgement in the context of individual clinical circumstances and delete the following order if required.</p> <p>Pre-operative carbohydrate loading</p> <p><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</p> <ul style="list-style-type: none"> • If patient's admission is greater than 3 hours prior to scheduled surgery, provide carbohydrate load <p><input checked="" type="checkbox"/> Assess and document last consumption of food and fluids (including carbohydrate load)</p> <p><input type="checkbox"/> Other Diet/Nutrition: _____</p>		
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Intravenous Therapy		
<input checked="" type="checkbox"/> Intravenous Cannula: insert intra-operatively		
Medications		
VTE Prophylaxis		
<i>Refer to AHS Provincial Clinical Knowledge Topic: VTE Prophylaxis, Adult – Inpatient. For tinzaparin 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. Choose ONE:</i>		
<input checked="" type="checkbox"/> tinzaparin 3500 units SUBCUTANEOUSLY once pre-operatively		
<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 MRSA colonization/past infection:</i> ADD <input type="checkbox"/> vancomycin (15 mg/kg) _____ mg IV once pre-operatively
Option 2	{	<i>If patient has ceFAZolin allergy or severe non-IgE mediated reaction to any β-lactam:</i> <input type="checkbox"/> vancomycin (15 mg/kg) _____ mg IV once pre-operatively
		OR <input type="checkbox"/> clindamycin 600 mg IV once pre-operatively
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		
<input checked="" type="checkbox"/> gabapentin 300 mg PO once pre-operatively, to be given 1 hour prior to surgery		
<i>Choose ONE:</i>		
<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: _____		
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Medications, continued		
<p>Antiemetics <i>If patient has 3 or 4 of the following risk factors for post-operative nausea and vomiting (PONV)</i></p> <ul style="list-style-type: none"> • female gender • non-smoker • history of PONV or motion sickness • post-operative use of opioids <p>AND patient meets one of the following criteria</p> <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) <p>Choose aprepitant:</p> <p><input type="checkbox"/> aprepitant 80 mg PO once pre-operatively, to be given 1 hour prior to surgery</p> <p><input type="checkbox"/> Other Antiemetics: _____</p>		
<p>Glycemic Management Medications <i>Refer to AHS Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient.</i></p>		
Other Orders		
<p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)