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

Form Number: 21263-bond

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# ERAS Breast Reconstruction 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 Breast Reconstruction Surgery, Adult – Inpatient, Ambulatory**

## 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
- □ Physician: Oncology
- √ 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
- □ PT INR
- □ PTT
- □ Creatinine/eGFR
- □ Electrolytes (Na, K, Cl, CO₂)
- □ Hemoglobin A1C: if not performed within last 3 months
- □ Type and Screen
- □ Red Blood Cells on Standby Request: _______ units Red Blood Cells
- □ Other Laboratory Investigations: ____________________________________________________________________________

### Diagnostic Investigations

- □ GR Chest, 2 Projections (Chest X-Ray PA and Lateral)
- □ Electrocardiogram
- □ Other Diagnostic Investigations: ______________________________________________________________________________

<table>
<thead>
<tr>
<th>Prescriber Signature</th>
<th>Date (dd-Mon-yyyy)</th>
<th>Time (hh:mm)</th>
</tr>
</thead>
</table>

Last Name

First Name

PHN

MRN

Birthdate (dd-Mon-yyyy)

Physician

Select orders by placing a (√) in the associated box.
### Day of Procedure

**Patient Care**

- Discuss Goals of Care with patient or alternate decision-maker and complete or update Goals of Care Designation (###103547).
- ☑️ Apply sequential compression device (SCD)
- ☑️ Apply forced-air warming device

**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:

**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 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.

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

Medications

VTE Prophylaxis
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:
☑ tinzaparin 3500 units SUBCUTANEOUSLY once pre-operatively
☐ 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

If MRSA colonization/past infection:
ADD ☐ 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
☐ vancomycin (15 mg/kg) ______ mg IV once pre-operatively
OR ☐ clindamycin 600 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

Choose ONE:
Use caution if patient has renal impairment or is at high risk of acute kidney injury.

☐ ibuprofen 400 mg PO once pre-operatively, to be given 1 hour prior to surgery

OR
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:

☐ celecoxib 400 mg PO once pre-operatively, to be given 1 hour prior to surgery

☐ Other Analgesics: _____________________________________________________________________________________

Prescriber Signature: _____________________________________________________________________________________

Date (dd-Mon-yyyy): ____________________________

Time (hh mm): ____________________________
### 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 Provincial Clinical Knowledge Topic: Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient.*

### Other Orders

☐

☐

**Prescriber Signature**

**Date** (dd-Mon-yyyy)

**Time** (hh:mm)