

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

Form Number **21264-bond**

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**ERAS Major Gynecology Surgery, Adult –
Inpatient, Ambulatory Post-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

Admit, Transfer, Discharge		
<input type="checkbox"/> Anticipated Date of Discharge (dd-Mon-yyyy): _____		
Patient Care		
<i>Discuss Goals of Care with patient/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		
Monitoring		
<input checked="" type="checkbox"/> Vital Signs: assess as per local institutional practices		
<input checked="" type="checkbox"/> Opioid Monitoring: monitor as per local institutional practices		
<input checked="" type="checkbox"/> Pain Score and Nausea Score: assess at least every 4 hours x 3 days and then every 8 hours		
<input type="checkbox"/> Blood Glucose Monitoring Point of Care Testing (POCT): QID		
<input type="checkbox"/> Other Monitoring: _____		
Activity		
<input checked="" type="checkbox"/> Activity as tolerated		
<ul style="list-style-type: none"> • POD 0: stand at bedside, up in chair, walk to doorway and back; activity goal is 2 hours • POD 1: up in chair each meal, ambulate at least 3 times daily; activity goal is 4 hours • POD 2 until discharge: up in chair each meal, ambulate at least 3 times daily; activity goal is 6 hours 		
Intake and Output		
<input checked="" type="checkbox"/> Intake: assess every 8 hours x 4 days, include strict oral intake		
<input checked="" type="checkbox"/> Urine Output: assess every 4 hours for as long as clinically indicated and/or as per bladder catheterization/bladder scanning routine		
<input type="checkbox"/> Bladder Catheterization/Bladder Scanning Routine: conduct as per local institutional practices		
<input checked="" type="checkbox"/> Indwelling Urinary Catheter: remove on POD 1 in AM		
<input checked="" type="checkbox"/> In and Out Urinary Catheter: insert PRN for urinary retention once indwelling urinary catheter removed		
<input checked="" type="checkbox"/> Weight: assess daily x 3 days, start on POD 1		
<input type="checkbox"/> Other Intake and Output: _____		
Diet/Nutrition		
<input checked="" type="checkbox"/> Clinical Communication: offer patient oral fluids; intake goal 500 mL on POD 0		
<input checked="" type="checkbox"/> Post-Surgical Transition Diet: start on POD 0		
<input checked="" type="checkbox"/> Regular Diet: start on POD 1		
<input type="checkbox"/> Regular Diabetic – Adult Diet: start on POD 1		
<input type="checkbox"/> Other Diet/Nutrition: _____		
Protein/Calorie Dense Oral Nutritional Supplements		
<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>		
<input checked="" type="checkbox"/> Ensure Protein Max: 90 mL PO 3 times daily, start on POD 0 and then 90 mL PO 5 times daily, start on POD 1 until discharge		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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Wound Care		
<input checked="" type="checkbox"/> Surgical Incisions: assess every 8 hours and PRN <input type="checkbox"/> Vaginal Packing: remove on POD 1 in AM <input type="checkbox"/> Wound Dressing Instructions: _____		
Respiratory Care		
<input checked="" type="checkbox"/> Incentive Spirometry: perform every 1 hour while awake <input checked="" type="checkbox"/> Oxygen Therapy: titrate to saturation, maintain SpO ₂ greater than 92% <input checked="" type="checkbox"/> Head of Bed: elevate to at least 30 degrees while patient on opioids or epidural <input type="checkbox"/> Other Respiratory Care: _____		
Laboratory Investigations		
<input type="checkbox"/> Complete Blood Count (CBC) with differential on POD 1 in AM <input type="checkbox"/> Creatinine on POD 1 in AM <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂) on POD 1 in AM		
Intravenous Therapy		
<input checked="" type="checkbox"/> sodium chloride 0.9% lock when patient tolerating oral fluid intake <input checked="" type="checkbox"/> lactated ringer's infusion IV at 50 mL/hour if patient not tolerating oral fluid intake, lock when patient tolerating oral fluid intake <input type="checkbox"/> Other Intravenous Therapy: _____		
Medications		
VTE Prophylaxis		
<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>		
<input type="checkbox"/> tinzaparin 4500 units SUBCUTANEOUSLY once daily at _____ hours (hh mm), start on POD _____ until discharge <input type="checkbox"/> Other VTE Prophylaxis: _____		
Antiulcer Agents and Acid Suppressants		
<input type="checkbox"/> pantoprazole EC tab 40 mg PO daily before breakfast until discharge <input type="checkbox"/> ranitidine 150 mg PO BID until discharge		
Bowel Stimulation		
<input checked="" type="checkbox"/> Chew gum 3 times daily (minimum 30 minutes each time), as tolerated <i>Choose ONE:</i> <input type="checkbox"/> magnesium hydroxide 30 mL PO BID, start on POD 1 and discontinue after first bowel movement <input type="checkbox"/> polyethylene glycol 3350 powder 17 g PO daily until discharge, start on POD 1 <input type="checkbox"/> Other Bowel Stimulation: _____		
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Medications, continued		
<p>Analgesics <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><input type="checkbox"/> Follow Anesthesia/Acute Pain Service orders for continuous regional epidural, nerve block therapy and/or patient controlled analgesia (PCA)</p> <p><input type="checkbox"/> Follow Surgery orders for patient controlled analgesia (PCA)</p>		
<p>Prophylaxis Analgesics <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 and then 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><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 and then ibuprofen 400 mg PO every 6 hours PRN for pain</p>		
<p>PRN Oral Opioids (for pain not controlled by non-opioid analgesia) <i>Consider dose reduction if patient is elderly or opiate-naïve.</i></p> <p>Choose ONE:</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><input type="checkbox"/> HYDROmorphine 1 to 2 mg PO every 4 hours PRN for pain not controlled by non-opioid analgesia</p>		
<p>PRN Parenteral Opioids (for pain not controlled by oral opioids, or oral analgesia is contraindicated) <i>Consider dose reduction if patient is elderly or opiate-naïve.</i></p> <p>Choose ONE:</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"/> HYDROmorphine 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>		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)

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Medications, continued
Antiemetics

Consider dose reduction if patient is elderly or has reduced renal function.

Choose ONE option:

- Option 1** {
- Choose ALL:
- ondansetron 8 mg PO/NG (or ODT if difficulty swallowing or active vomiting with no IV access) every 8 hours x 48 hours **and then** ondansetron 4 mg PO/NG every 8 hours PRN
 - ondansetron 4 mg IV every 8 hours x 48 hours **and then** ondansetron 4 mg IV every 8 hours PRN if oral dose is **not** tolerated
- AND** metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN
-
- Option 2** {
- Choose BOTH:
- metoclopramide 10 mg PO/NG/IV/IM every 6 hours x 48 hours **and then** metoclopramide 10 mg PO/NG/IV/IM every 6 hours PRN
 - 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

Other Antiemetics: _____

Glycemic Management Medications

Refer to AHS Perioperative Management of Patients with Diabetes Mellitus, Adult – Inpatient Clinical Knowledge Topic.

Patient Teaching

- Teach: double-voiding technique
- Teach: self-catheterization
- Other Patient Teaching: _____

Consults and Referrals

- Physiotherapy
- Registered Dietitian
- Social Work
- Transition Services
- Other Consults and Referrals: _____

Other Orders

- _____
- _____

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh mm)
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