

**IF YOU RECEIVED THIS FAX IN ERROR,
PLEASE CALL 604-806-8886 IMMEDIATELY**



PRESCRIBER'S ORDERS

NO DRUG WILL BE DISPENSED OR ADMINISTERED
WITHOUT A COMPLETED

CAUTION SHEET

ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)

DATE AND TIME	POST-OP ORDERS FOR BOWEL SURGERY- ERAS PROTOCOL (Items with check boxes must be selected to be ordered) Page 1 of 3
	<p style="text-align: center;">Follow Bowel Surgery Pathway – ERAS Protocol</p> <p>CODE STATUS: Full code or <input type="checkbox"/> refer to completed Options for Care and Resuscitation / DNAR Orders (PHC-PH254)</p> <p>DIET: Record oral intake Q12H Boost 1.5 – Drink 250 mL PO BID – Reason: ERAS Protocol Encourage gum chewing for 30 minutes TID (if no NG tube present) <input type="checkbox"/> Full fluids and progress to low residue diet as tolerated per pathway <input type="checkbox"/> Full fluids and progress to ileostomy diet as tolerated per pathway <input type="checkbox"/> Dietitian may adjust diet as needed <input type="checkbox"/> NPO Other:</p> <p>ACTIVITY: Activity progression as per pathway <input type="checkbox"/> Seating restrictions as per plastic surgery Other:</p> <p>CONSULTS: For patients admitted to HAU or staying in PACU, consults should be submitted. Do not delay until patient is transferred to inpatient unit.</p> <p>Notify ERAS Patient Navigator, <u>Local 62598</u> of ERAS Protocol Bowel Surgery Pathway Patient. Leave name and surgery performed. Physiotherapy: Notify Physiotherapy – Reason: ERAS Protocol Bowel Surgery Pathway Patient Dietitian: Notify Dietitian – Reason: ERAS Protocol Bowel Surgery Pathway Patient Enterostomal Therapist – Consult Enterostomal Therapy for ALL new ostomy patients</p> <p>Other:</p> <p>MONITORING: Vital signs as per Postoperative Care Protocol (NCS6313)</p> <p>LABORATORY: <input type="checkbox"/> CBC, electrolytes, urea, creatinine on post-op days 1 and 3 Other:</p> <p>_____ Printed Name Signature College ID Pager</p>

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TREATMENTS:

Dressings:

Change dressing if saturated do not reinforce.. if a pressure dressing is required, place on top of a clean, new dressing, otherwise leave dressing undisturbed

POD 3: Remove dressing. If wound edges sealed and no drainage, discontinue dressing and leave incision exposed

Patient may shower

Other:

Nasogastric Tube: (If present) - connect to low continuous suction. Monitor and empty Q12H ***OR*** Q ____ H

Davol/Hemovac Drain: (If present) – Monitor and empty Q12H

ELIMINATION:

Monitor urine output while indwelling urinary catheter in place and for first 24 hours after removal

Notify physician if output less than 60 mL over a 2 hour period (if catheter in situ)

Notify physician if output less than 360 mL per 12 hour shift (if no catheter in situ)

Assess for passing flatus or stool Q12H

Indication for Foley:

low rectal anastomosis close monitoring of output difficult catheterization or obstruction

For patients without one of the above indications, remove Foley as per pathway unless ordered otherwise

For above indications, remove Foley on POD 2 unless ordered otherwise

Do not remove Foley until ordered by surgeon/resident

Other:

INTRAVENOUS:

The need for IV fluids should be reassessed daily by surgeon/resident. The goal for ERAS is to encourage oral intake of fluids and discontinue IV fluids as soon as it is safe to do so.

Decrease IV rate TKVO when oral intake greater than 750 mL in 12 hour shift. Encourage PO fluids

potassium chloride ____ mmol/L in dextrose 5% and sodium chloride 0.45% IV at ____ mL/hour

Replace NG losses Q shift with same as maintenance solution

Replace NG losses Q shift with: _____

Other:

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CONTRAINDICATIONS: No rectal suppositories, enemas or tubes

MEDICATIONS:

Prior to admission medications: Refer to completed Admission Medication Reconciliation Orders

Thromboprophylaxis: As per completed VTE Risk Assessment and Prophylaxis Orders (Form PHC-PH408)

heparin 5000 units SUBCUT at 2200 hours evening of surgery

Post abdominal surgery for the management of a malignant tumour. Patient will require Low Molecular Weight Heparin (i.e. dalteparin or enoxaparin injection daily for a total of 28 days post-op)

- Print Special Authority Request (HLTH 5338) and leave on front of chart

- Fax to PharmaCare when form completed by surgeon or resident

- Nursing to initiate patient teaching for self-administration as soon as possible (e.g. POD 1) and complete in time for discharge

Analgesic: PCA (see PCA pre-printed orders)

Epidural (see epidural pre-printed orders)

Antiemetics: ondansetron 4 mg PO/IV Q8H beginning post-op x 48 hours.

Stress Ulcer Prophylaxis: Indicated for bowel obstruction and with use of NG tube

ranitidine 50 mg IV Q8H

Other:

HS Sedation: zopiclone 3.75 mg PO at bedtime PRN

Other Medications: tamsulosin is indicated for males, age 50 or older who have not had prostate surgery.

tamsulosin 0.4 mg tab PO daily until discharge

DISCHARGE: Discharge when pathway discharge criteria achieved

Printed Name

Signature

College ID

Pager