



ENHANCED RECOVERY AFTER COLORECTAL SURGERY (ERACS)

Royal Inland Hospital Post-Op Orders

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initiated by the physician/prescriber. Boxed orders () require physician/prescriber check mark () to be initiated.

1. ALLERGIES: See Allergy/ADR record

2. DIET

- Sugar-free chewing gum 30 min TID and PRN
- 1 can of nutritional supplement BID every day (such as Ensure Plus® or Diabetic Formula)
- Day of Surgery: full fluids (FF)
- Post-op day 1: full fluids (FF) general diabetic general ileostomy
- Dietitian consult for new ileostomy patient
- Dietitian consult _____

3. ACTIVITY

- Day of Surgery: walk from stretcher to bed; sit at bedside or in chair; time out of bed 10–15 minutes
- Post-op day 1: chair for all meals; 1 lap or more of ward, 2–3 times/day; time out of bed 1–3 hours
- Post-op day 2 and on: chair for all meals; 2–3 laps, 3 times/day or more; time out of bed 6 hours
- Physiotherapy referral (consider for open surgery and patients with limited mobility)

4. VITAL SIGNS/MONITORING

- **In PAR:** give oxygen @10 L/min via mask × 1 hour
- **In PAR:** BGM
- Follow vital signs protocol for Epidural or PCA, then vital signs TID when protocol discontinued.
- Without epidural or PCA vital signs Q4H × 24 hours then TID
- Monitor urine output Q4H over first night post-op, then Q shift if urine output greater than 120 mL/4 hr
- If urine output less than 120 mL over 4 consecutive hours on Day of Surgery, give:
 - **Ringer's Lactate 500 mL IV × 1**, and run over 30 minutes
 - If urine output does not improve in the next hour (greater than 30 mL/hr), **call surgeon**
- Post-op day 1: remove indwelling catheter in the morning
- Post-op day 2: remove indwelling catheter in the morning
- In and out catheter if urine retention greater than 600 mL on bladder scan

5. DIAGNOSTICS

- Post-op day 1: CBC, Lytes 4, glucose, urea, creatinine, magnesium and phosphorus
- Post-op day 2: CBC, Lytes 4, glucose, urea, creatinine, magnesium and phosphorus

6. INTRAVENOUS FLUIDS

- Ringer's Lactate at _____ mL/hr OR D5/½ NS + 20 mEq KCl/L at _____ mL/hr**
- Post-op day 1 and on: saline lock IV if drinking well (drinking 1,200–1,500 mL/24 hours)

Date (dd/mm/yyyy)	Time	Physician Signature	Printed Name or College ID#
/ /			



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7. MEDICATIONS

- hold ACE inhibitors, ARBs, and NSAIDs × 24 hours
- pantoprazole 40 mg PO DAILY × 48 hours
- ondansetron 4 mg PO / IV Q6H × 24 hours, then Q6H PRN - nausea
- metoclopramide 10 mg PO/IV Q8H × 24 hours, then Q8H PRN - nausea
- dimenhydrinate 25 to 50 mg PO/IV Q4H PRN - nausea
- magnesium hydroxide laxative 30 mL PO BID to start Post-op day 2 (hold if diarrhea)
- antacid 10 to 30 mL PO Q1H PRN
- zopiclone 3.75 to 7.5 mg PO HS PRN

8. ADDITIONAL ORDERS

- See VTE preprinted orders # 829495
- ET consult: ileostomy colostomy _____
- Replace dressing Post-op day 2, then daily
- May shower on Post-op day 2
- Remove ICD's morning of Post-op day 1
- _____

9. ANALGESIA: if NO epidural or PCA ordered

- Pharmacy will **NOT** process these orders if **Anesthesia Pain Management Orders** have been written. When **Pain Management Orders** are discontinued, Surgeon to write analgesia orders.
- acetaminophen 1,000 mg PO Q6H X 48 hours, then Q6H PRN - pain
- codeine 30 mg 1 to 2 TABS PO Q4H PRN - pain
- oxyCODONE IR _____ mg PO Q3-4H PRN - pain
- morphine _____ mg IV Q ____ H PRN - pain
- morphine _____ mg PO Q ____ H PRN - pain
- HYDROMORPHONE _____ mg IV Q ____ H PRN - pain
- HYDROMORPHONE _____ mg PO Q ____ H PRN - pain
- Other _____

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