

## ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR RADICAL CYSTECTOMY

**DOCUMENTATION GUIDE**

Circle either **Yes** or **No**

Required Further Documentation when **No** is circled

PRE-SURGERY		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
	Anesthesia consult completed	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
<b>Bowel/Bladder</b>	Urine output more than 360ml/12 hours	Yes / No	Yes / No
	Pericare care completed Q shift	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended, non tender	Yes / No	Yes / No
	Bowel prep given as per ERAS pre op PPO	Yes / No / NA	Yes / No / NA
<b>Nutrition &amp; Hydration</b>	Diet as per ERAS pre op PPO	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Patient drank 2 glasses (500ml or 16oz) of clear juice on evening prior to surgery	NA	Yes / No
	Patient drank 1 glass of clear juice 3 hours prior to slated OR time, then NPO	Yes / No	NA
<b>Skin, Dressings</b>	Skin integrity intact (no evidence of pressure areas)	Yes / No	Yes / No
	Ostomy Nurse to assess (for teaching and stoma marking)	Yes / No	Yes / No
	Chlorhexidine wipes completed on evening prior to surgery	NA	Yes / No
	Chlorhexidine wipes completed on day of surgery	Yes / No	NA
<b>Functional Mobility</b>	Independent with ADLs as per pre op status	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	Patient and/or family received and reviewed ERAS Teaching Booklet	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient received and reviewed Pain management pamphlet with Nurse	Yes / No	Yes / No



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DAY OF SURGERY - OR DAY		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	NPO	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Skin integrity intact (no evidence of pressure areas)	Yes / No	Yes / No
	Dressings dry and intact (Do not change dressing until POD #3, outline drainage with a pen and reinforce as needed)	Yes / No	Yes / No
	Sanguinous drainage <100ml/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
	Post-op wash completed (Leave pink chlorhexidine skin preparation solution on for 6 hours post op)	Yes / No	Yes / No
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
<b>Functional Mobility</b>	Turned Q2H until fully able to reposition on their own	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Patient sat at edge of bed or in chair x 15 minutes	Yes / No	Yes / No
	HOB elevated 30 degree when in bed	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
	Full night sleep achieved	NA	Yes / No
	SCD applied	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	Patient is orientated to room/environment	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Review & reinforce Pain management pamphlet	Yes / No	Yes / No
	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No



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DAY OF SURGERY - POST-OP DAY 1		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Full fluid (Full fluid <b>AND</b> Boost to a maximum total oral intake of 454 ml/day)	Full Fluid / No	Full Fluid / No
	Boost Plus 240 mL BID (Full fluid <b>AND</b> Boost to a maximum total oral intake of 454 ml/day)	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Tolerated oral intake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Skin integrity intact (no evidence of pressure areas)	Yes / No	Yes / No
	Dressings dry and intact (Do not change dressing until POD #3, outline drainage with a pen and reinforce as needed)	Yes / No	Yes / No
	Sanguinous drainage <100 ml/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
<b>Diagnostics</b>	Electrolytes balanced	Yes / No	Yes / No
<b>Functional Mobility</b>	HOB elevated 30 degree when in bed	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
	Up in chair for all meals <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Walked in hallway x 2 <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Up to bathroom <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient received ostomy teaching by WOCN	Yes / No / NA	Yes / No / NA
	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
	Review & reinforce Pain management pamphlet	Yes / No	Yes / No
	Patient is aware of discharge criteria	Yes / No	Yes / No
	Patient met the following discharge criteria		
	• Independent with ADLs	Yes / No	Yes / No
	• Pain managed on oral analgesics	Yes / No	Yes / No
	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No
	• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA
Patient has arranged for support person at home for 72 hours post discharge	Yes / No	Yes / No	
Discharge destination: _____			



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DAY OF SURGERY - POST-OP DAY 2		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Full fluid (Full fluid <b>AND</b> Boost to a maximum total oral intake of 454 ml/day)	Full Fluid / No	Full Fluid / No
	Boost Plus 240 mL BID (Full fluid <b>AND</b> Boost to a maximum total oral intake of 454 ml/day)	Yes / No	Yes / No
	Gum chewing (15 minutes TID)	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
	Saline lock IV when drinking well	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Skin integrity intact (no evidence of pressure ulcers)	Yes / No	Yes / No
	Dressings dry and intact (Do not change dressing until POD #3, outline drainage with a pen and reinforce as needed)	Yes / No	Yes / No
	Sanguinous drainage <100 ml/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
<b>Diagnostics</b>	Electrolytes balanced	Yes / No	Yes / No
<b>Functional Mobility</b>	HOB elevated 30 degree when in bed, unless contraindicated	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Independent with ADLs as per preop status	Yes / No	Yes / No
	Up in chair for all meals <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Walked in hallway x 2 <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Up to bathroom <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	SCD applied	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient received teaching re: self administration of VTE prophylaxis	Yes / No / NA	Yes / No / NA
	Patient received ostomy teaching by WOCN	Yes / No / NA	Yes / No / NA
	Patient received teaching re: Pouch irrigation	Yes / No / NA	Yes / No / NA
	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
	Review & reinforce Pain management pamphlet	Yes / No	Yes / No
	Patient is aware of discharge criteria	Yes / No	Yes / No
	Patient met the following discharge criteria		
	• Independent with ADLs	Yes / No	Yes / No
	• Pain managed on oral analgesics	Yes / No	Yes / No
	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No
• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA	
Patient has arranged for support person at home for 72 hours post discharge	Yes / No	Yes / No	
Discharge destination: _____			





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DAY OF SURGERY - POST-OP DAY 3		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
	Full fluid to DAT	Full Fluid / DAT / No	Full Fluid / DAT / No
	Boost Plus 240 mL BID	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Dressing changed	Yes / No	Yes / No
	Incision dry and left open to air (no dressing)	Yes / No	Yes / No
	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Sanguinous drainage <100cc/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
<b>Diagnostics</b>	Electrolytes balanced	Yes / No / NA	Yes / No / NA
<b>Functional Mobility</b>	HOB elevated 30 degree when in bed	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Independent with ADLs	Yes / No	Yes / No
	Ambulate independently	Yes / No	Yes / No
	Up in chair for all meals <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Walked in hallway x 2 <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Up to bathroom <input type="checkbox"/> with assistance <input type="checkbox"/> independently	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
	<b>Teaching &amp; Discharge Planning</b>	Patient is aware of daily goals on clinical pathway	Yes / No
Patient self administering dalteparin		Yes / No / NA	Yes / No / NA
Patient able to assist with ostomy care and management		Yes / No / NA	Yes / No / NA
Review & reinforce Pain management pamphlet		Yes / No	Yes / No
Patient has home prepared & equipment in place for discharge		Yes / No	Yes / No
Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist		Yes / No	Yes / No
Patient received teaching re: Pouch irrigation		Yes / No	Yes / No
Patient has appropriate home support as needed		Yes / No	Yes / No
Patient is aware of discharge criteria		Yes / No	Yes / No
Patient met the following discharge criteria			
• Independent with ADLs		Yes / No	Yes / No
• Pain managed on oral analgesics		Yes / No	Yes / No
• Tolerating regular diet		Yes / No	Yes / No
• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No	
• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA	
Discharge destination: _____			



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DAY OF SURGERY - POST-OP DAY 4		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
	Full fluid to DAT	Full Fluid / DAT / No	Full Fluid / DAT / No
	Boost Plus 240 mL BID	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Remove saline lock	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Sanguinous drainage <100cc/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
<b>Functional Mobility</b>	HOB elevated 30 degree when in bed, unless contraindicated	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
	Independent with ADLs	Yes / No	Yes / No
	Up in chair for meals independently	Yes / No	Yes / No
	Walked in hallway x 2 independently	Yes / No	Yes / No
	Up to bathroom independently	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
	Patient received teaching re: Pouch irrigation	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient is aware of discharge criteria	Yes / No	Yes / No
	Patient met the following discharge criteria		
	• Independent with ADLs	Yes / No	Yes / No
	• Pain managed on oral analgesics	Yes / No	Yes / No
	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No
	• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA
	Patient self administering dalteparin	Yes / No	Yes / No
	Patient independent with ostomy care and management	Yes / No / NA	Yes / No / NA
	Patient has home prepared & equipment in place for discharge	Yes / No	Yes / No
Patient has appropriate home support as needed	Yes / No	Yes / No	
Discharge destination: _____			



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DAY OF SURGERY - POST-OP DAY 5		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
	Full fluid to DAT	Full Fluid / DAT / No	Full Fluid / DAT / No
	Boost Plus 240 mL BID	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Remove saline lock	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Sanguinous drainage <100cc/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
<b>Functional Mobility</b>	HOB elevated 30 degree when in bed, unless contraindicated	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
	Independent with ADLs	Yes / No	Yes / No
	Up in chair for meals independently	Yes / No	Yes / No
	Walked in hallway x 2 independently	Yes / No	Yes / No
	Up to bathroom independently	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
	Patient received teaching re: Pouch irrigation	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient is aware of discharge criteria	Yes / No	Yes / No
	Patient met the following discharge criteria		
	• Independent with ADLs	Yes / No	Yes / No
	• Pain managed on oral analgesics	Yes / No	Yes / No
	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No
	• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA
	Patient self administering dalteparin	Yes / No	Yes / No
	Patient independent with ostomy care and management	Yes / No / NA	Yes / No / NA
	Patient has home prepared & equipment in place for discharge	Yes / No	Yes / No
Patient has appropriate home support as needed	Yes / No	Yes / No	
Discharge destination: _____			



# ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR RADICAL CYSTECTOMY

**DOCUMENTATION GUIDE**

Circle either **Yes** or **No**

Required Further Documentation when **No** is circled

DAY OF SURGERY - POST-OP DAY 6		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
	Full fluid to DAT	Full Fluid / DAT / No	Full Fluid / DAT / No
	Boost Plus 240 mL BID	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Remove saline lock	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Sanguinous drainage <100cc/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
<b>Functional Mobility</b>	HOB elevated 30 degree when in bed, unless contraindicated	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
	Independent with ADLs	Yes / No	Yes / No
	Up in chair for meals independently	Yes / No	Yes / No
	Walked in hallway x 2 independently	Yes / No	Yes / No
	Up to bathroom independently	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
	Patient received teaching re: Pouch irrigation	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient is aware of discharge criteria	Yes / No	Yes / No
	Patient met the following discharge criteria		
	• Independent with ADLs	Yes / No	Yes / No
	• Pain managed on oral analgesics	Yes / No	Yes / No
	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No
	• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA
	Patient self administering dalteparin	Yes / No	Yes / No
	Patient independent with ostomy care and management	Yes / No / NA	Yes / No / NA
	Patient has home prepared & equipment in place for discharge	Yes / No	Yes / No
Patient has appropriate home support as needed	Yes / No	Yes / No	
Discharge destination: _____			





# ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR RADICAL CYSTECTOMY

**DOCUMENTATION GUIDE**

Circle either **Yes** or **No**

Required Further Documentation when **No** is circled

DAY OF SURGERY - POST-OP DAY 7		DATE:	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
	Full fluid to DAT	Full Fluid / DAT / No	Full Fluid / DAT / No
	Boost Plus 240 mL BID	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Remove saline lock	Yes / No	Yes / No
<b>Skin, Dressings, Drains</b>	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Sanguinous drainage <100cc/hr in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Stents are patent	Yes / No	Yes / No
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
<b>Functional Mobility</b>	HOB elevated 30 degree when in bed, unless contraindicated	Yes / No	Yes / No
	Ankle exercises every hour when in bed	Yes / No	Yes / No
	Deep Breathing & coughing as per iCOUGH	Yes / No	Yes / No
	Independent with ADLs	Yes / No	Yes / No
	Up in chair for meals independently	Yes / No	Yes / No
	Walked in hallway x 2 independently	Yes / No	Yes / No
	Up to bathroom independently	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
<b>Teaching &amp; Discharge Planning</b>	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
	Patient received teaching re: Pouch irrigation	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient is aware of discharge criteria	Yes / No	Yes / No
	Patient met the following discharge criteria		
	• Independent with ADLs	Yes / No	Yes / No
	• Pain managed on oral analgesics	Yes / No	Yes / No
	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No
	• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA
	Patient self administering dalteparin	Yes / No	Yes / No
	Patient independent with ostomy care and management	Yes / No / NA	Yes / No / NA
	Patient has home prepared & equipment in place for discharge	Yes / No	Yes / No
Patient has appropriate home support as needed	Yes / No	Yes / No	
Discharge destination: _____			



# ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR RADICAL CYSTECTOMY

**DOCUMENTATION GUIDE**

Circle either **Yes** or **No**

Required Further Documentation when **No** is circled

DAY OF SURGERY - POST-OP DAY _____		DATE: _____	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Safety</b>	Bedside Safety Check	Yes / No	Yes / No
<b>Fall Risk/Care Plan</b>	Not at risk: reviewed and no concerns	Yes / No	Yes / No
	Fall prevention care plan in place: reviewed and no changes	Yes / No / NA	Yes / No / NA
	Risk assessed and new fall prevention care plan completed	Yes / No / NA	Yes / No / NA
<b>Cognition</b>	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
<b>Assessment</b>	Vital signs and temp (within patient's normal limits)	Yes / No	Yes / No
	Head to toe assessment (within patient's normal limits)	Yes / No	Yes / No
	Anxiety level acceptable to patient	Yes / No	Yes / No
<b>Pain Management</b>	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritus controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
	Rectus sheath site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
<b>Bowel/Bladder</b>	Urine output more than 120ml in 4 consecutive hours	Yes / No	Yes / No
	Pericare/catheter care completed Q shift	Yes / No	Yes / No
	Stoma is patent	Yes / No	Yes / No
	Flatus passed      Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
<b>Nutrition &amp; Hydration</b>	Oral intake recorded in 24 Hour Fluid Balance Sheet	Yes / No	Yes / No
	Full fluid to DAT	Full Fluid / DAT / No	Full Fluid / DAT / No
	Boost Plus 240 mL BID	Yes / No	Yes / No
	Gum chewing (15 minutes TID) when awake	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
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<b>Skin, Dressings, Drains</b>	Incision approximated (no signs of infection)	Yes / No	Yes / No
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	Stents are patent	Yes / No	Yes / No
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<b>Functional Mobility</b>	HOB elevated 30 degree when in bed, unless contraindicated	Yes / No	Yes / No
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<b>Teaching &amp; Discharge Planning</b>	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
	Patient received teaching re: Pouch irrigation	Yes / No	Yes / No
	Patient is aware of daily goals on clinical pathway	Yes / No	Yes / No
	Patient is aware of discharge criteria	Yes / No	Yes / No
	Patient met the following discharge criteria		
	• Independent with ADLs	Yes / No	Yes / No
	• Pain managed on oral analgesics	Yes / No	Yes / No
	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas <b>OR</b> has had a bowel movement	Yes / No	Yes / No
	• Able to self manage ostomy and irrigates pouch if required	Yes / No / NA	Yes / No / NA
	Patient self administering dalteparin	Yes / No	Yes / No
	Patient independent with ostomy care and management	Yes / No / NA	Yes / No / NA
	Patient has home prepared & equipment in place for discharge	Yes / No	Yes / No
Patient has appropriate home support as needed	Yes / No	Yes / No	
Discharge destination: _____			



## ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR RADICAL CYSTECTOMY

**DOCUMENTATION GUIDE**  
Circle either **Yes** or **No**  
Required Further Documentation when **No** is circled

<b>DAY OF SURGERY - POST-OP DAY</b> _____		<b>DATE:</b>	
CATEGORY	EXPECTED OUTCOMES	DAY	NIGHT
<b>Discharge</b>	Discharged accompanied by _____ at _____ H	Yes / No	Yes / No
	Has discharge prescriptions	Yes / No	Yes / No
	Has post-op instruction sheet	Yes / No	Yes / No
	Has follow up information	Yes / No	Yes / No
	Has all belongings	Yes / No	Yes / No
	Understands when to seek medical attention for complications	Yes / No	Yes / No
	Arrangements made for staple removal at post-op day 7 to 10	Yes / No	Yes / No
	Discharge destination: _____		

<b>Initials &amp; Discipline of Health Care Team Members (All Shifts)</b>	<b>D</b>	<b>N</b>

### Vancouver Coastal Health INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE