

# RIH Enhanced Recovery after Surgery Nursing Tool

What I Can Expect	Day 0	Day 1	Day 2	Day 3	Day 4
<b>Activity</b>	* Walk from stretcher to bed * Sit at bedside or in chair * Time out of bed: 10-15 min	* Chair for all meals * 1 lap or more of ward (with help) 2-3 X's / day * Time out of bed: 1-3 hrs	* Chair for all meals * 2-3 laps, 3X's/ day or more, Patient may need help * Time out of bed: 6 hours	* Chair for all meals * 4 laps, 3 X's per day or more * Time out of bed: 6 hours	* Chair for all meals * 4+ laps, 3 X's per day or more * Time out of bed: 6 hours
<b>Antiemetics</b>	Scheduled antiemetics for 24 hours.	Scheduled antiemetics for 24 hours.	Antiemetics prn	Antiemetics prn	Antiemetics prn
<b>Eating &amp; Drinking</b>	* Chewing Gum 30 min TID + PRN * Clear Fluid (Urology) * Full Fluid Diet * Nutritional supplement (ie Ensure Plus) BID	* * Chewing Gum 30 min TID + PRN * Clear Fluid (Urology) * Full Fluid Diet * Nutritional supplement (ie Ensure Plus) BID	* * Chewing Gum 30 min TID + PRN * Full Fluids (Urology) * Normal Diet * Nutritional supplement (ie Ensure Plus) BID	* * Chewing Gum 30 min TID + PRN * Full Fluids (Urology) * Normal Diet * Nutritional supplement (ie Ensure Plus) BID	* Chewing Gum 30 min TID + PRN * Full Fluids (Urology) * Normal Diet * Nutritional supplement (ie Ensure Plus) BID
<b>Analgesics</b>	* By epidural * By intravenous * By mouth  *Encourage patient to ask for analgesic when needed.	* By epidural * By intravenous * By mouth  *Encourage patient to ask for analgesic when needed.	* By intravenous * By mouth  *Encourage patient to ask for analgesic when needed.	* By mouth  *Encourage patient to ask for analgesic when needed.	* By mouth  *Encourage patient to ask for analgesic when needed.
<b>Intravenous(IV)</b>	IV for hydration and medications	IV saline locked when drinking 1200-1500 ml per day.			
<b>Urinary catheter (Non-Urology Patients)</b>	Catheter in	Catheter may be removed.	Catheter removed, up to bathroom	Up to bathroom	Up to bathroom
<b>Rest Period</b>	Suggested Guidelines: Brief visits with family	Suggested Guidelines: Nap 1:00-3:00 PM	Suggested Guidelines: Nap 1:00 -3:00 PM	Suggested Guidelines: Nap 1:00 -3:00 PM	Suggested Guidelines: Nap 1:00 -3:00 PM
<b>Discharge Planning</b>	Give D/C Booklet	Patient to review discharge plans with nurse and team.	Patient to review discharge plans with nurse and team.	Patient to review discharge plans with nurse and team.	Patient to review discharge plans with nurse and team.
<b>Ostomy</b>	Dr. orders ET nurse referral if ostomy present, patient to view and acknowledge stoma.	Nursing staff demo emptying bag and change flange. Patient to empty bag subsequently.	<b>Patient to change flange with nurse at least 2 times before discharge. Provide ostomy care teaching.</b>	<b>Patient to change flange with nurse at least 2 times before discharge. Provide ostomy care teaching.</b>	<b>Patient to change flange with nurse at least 2 times before discharge. Provide ostomy care teaching.</b>
<b>Community Care Referral</b>			Notify CAC to make Home Health Services referral if needed (All Ostomy Patients)		Nurse will fax Ostomy Assessment and Care Record to Home Health Services
<b>Personal Hygiene</b>	Commode at bedside or walk to bathroom if able	Wash with help in bathroom	Shower after epidural & any drains removed.	Shower	Shower
<b>Labwork</b>		Labwork in the morning	Labwork in the morning If ordered		
<b>Documentation Key Points – In addition to focus area of assessment.</b>	* Mobilization * Type of Diet * IV Rate i.e. TKVO	* Mobilization * Type of Diet * IV Rate i.e. TKVO	* Mobilization * Type of Diet * IV Rate i.e. TKVO	* Mobilization * Type of Diet * IV Rate i.e. TKVO	* Mobilization * Type of Diet * IV Rate i.e. TKVO

**\*\*\* PLEASE REMEMBER TO COLLECT THE PATIENT LOG BOOKS \*\*\***