



VA: VGH / UBCH / GFS
 VC: BP / Purdy / GPC

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**RADICAL CYSTECTOMY PRE-OP:
 ENHANCED RECOVERY AFTER SURGERY ORDERS**

(items with check boxes must be selected to be ordered)

(Page 1 of 3)

Date: _____ Time: _____

Time Processed
 RN/LPN Initials
 Comments

IN PRE ADMISSION CLINIC

DIET:

- No solid food after midnight
- Clear fluids only after midnight and up to 1 hour before hospital check-in time *OR* 3 hours prior to slated OR time for admitted patients
- Drink 2 glasses (500 mL or 16 ounces) of clear juice (eg. apple juice) on the evening prior to surgery
- Drink 1 glass (250 mL or 8 ounces) of clear juice (eg. apple juice) 1 hour before hospital check-in time, then nothing by mouth *OR* 3 hours prior to slated OR time for admitted patients

ACTIVITY:

- Instruct patient to shower evening prior to surgery
- Following shower, patient to cleanse skin with chlorhexidine gluconate 2% wipes (SAGE-Antiseptic Body Cleanser) as per Instructions given at pre-admission clinic (Patient to purchase from a retail pharmacy)

CONSULTS:

- Enterostomal therapist Dietitian Social worker
 Interpreter Services Anaesthesia Psychiatry
 Other: _____

LABORATORY:

- HIV testing – obtain HIV Antibody Test
- Do not obtain HIV Antibody Test; Specify reason:
 - Known HIV Positive
 - Recent HIV test within last 12 months
 - Patient unable to provide consent
 - Patient refusal
- CBC with differential
- Electrolytes, Urea, Creatinine, Albumin
- A1C (If diabetic)
- INR and PTT
- Group and Screen
- Urinalysis (MSC Protocol)
- Other: _____

923

 Prescriber's Signature
 RCPREERAS

 Printed Name
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DIAGNOSTICS:

- ECG
- Other: _____

MEDICATIONS:

Bowel Preparation:

- metoclopramide 10 mg PO 30 minutes prior to starting PEG *AND* Polyethylene glycol with electrolytes (PEG, COLYTE, GOLYTELY EQUIV) 1 to 2 L/hour until bowel movements are clear. Start taking PEG at 16:00 on day before surgery.
- Other _____

Medication Instructions Prior to Surgery:

- Patients receiving anticoagulation/antiplatelet agents to be assessed by anaesthesiologist or surgeon for discontinuation and/or heparin bridging as necessary
- Take prescribed morning medications as instructed 1 hour before hospital check-in time with clear fluids
 Please see instructions from Anaesthesia Consult Clinic with regard to medications

IN PERI-OPERATIVE CARE UNIT (PCC)

INTRAVENOUS: IV infusion by infusion pump

ACTIVITY: Pre-op warming (BAIR PAWS)

Analgesics

See completed ANAESTHESIA CONSULT CLINIC PRE-PRINTED ORDER (# 450)

Medication/treatment Instructions Prior to Surgery:

- Send heparin 5000 units SUBCUTANEOUS with patient to OR to be administered by the anaesthesiologist
- Calf compressors

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MEDICATIONS cont'd : Patient Weight: _____ kg

Antibiotics

IV antibiotic to be administered in pre-operative area/OR:

PROCEDURES THROUGH SKIN INCISION (NOT involving bowel manipulation or vaginal surgery)

Percutaneous renal surgery, or open laparoscopic surgery

- ceFAZolin 1 g IV (if weight less than 80 kg) *OR*
- ceFAZolin 2 g IV (if weight 80 to 119 kg)) *OR*
- ceFAZolin 3 g IV (if weight greater than 120 kg))

Repeat ceFAZolin 1 g IV Q4H If surgery greater than 4 hours

OR

If significant penicillin / cephalosporin allergy:

- gentamicin 5 mg/kg _____ mg IV (max: 500 mg; round to nearest 20 mg)
- Other _____

PROCEDURES THROUGH SKIN INCISION (WITH bowel manipulation or vaginal surgery)

Open / laparoscopic procedures

- metronidazole 500 mg IV

***AND either ***

- ceFAZolin 1 g IV (if weight less than 80 kg) *OR*
- ceFAZolin 2 g IV (if weight 80 to 119 kg)) *OR*
- ceFAZolin 3 g IV (if weight greater than 120 kg))

Repeat ceFAZolin 1 g IV Q4H If surgery greater than 4 hours

OR

If significant penicillin / cephalosporin allergy:

- gentamicin 5 mg/kg _____ mg IV (max: 500 mg; round to nearest 20 mg)
- Other _____

IF PROSTHETIC MATERIAL IS BEING INSERTED AND NOT ALREADY RECEIVING GENTAMICIN, ADD:

- gentamicin 5 mg/kg _____ mg IV (max: 500 mg; round to nearest 20 mg)
- Other _____

Characteristics of High Risk Patients

Positive urine cultures, anatomic anomalies, urinary obstruction, urinary stone, indwelling or externalized catheters, or manipulation/instrumentation involving urinary tract (e.g. stent insertion, TURP)

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