



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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**COLON RESECTION PRE-OP:
ENHANCED RECOVERY AFTER SURGERY (ERAS) 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:**
- For patient with NO bowel preparation:
 - No solid food after midnight
 - Clear Fluids 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, *OR* 3 hours prior to slated OR time for admitted patients, then nothing by mouth
 - For patient who received bowel preparation:
 - No solid food the day before surgery
 - 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 the hospital check-in time, *OR* 3 hours prior to slated OR time for admitted patients, then nothing by mouth
 - Nothing by mouth after midnight
 - Drink 2 glasses (500 mL or 16 ounces) of clear juice (e.g. apple juice) on evening prior to surgery

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 Anesthesia Psychiatry
- Other: _____

LABORATORY:

- Group and Screen
- 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
- Other: _____

Prescriber's Signature
CRPRE

Printed Name
VCH.VA.PPO.884 | Rev. APR.2016

College ID



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DIAGNOSTICS:

- ECG
- Other: _____

MEDICATIONS/TREATMENTS:

Bowel Preparation:

- No bowel preparation
- PEG 3350 with electrolytes + bisaCODYL 5 mg tablets bowel prep (Patient to purchase from a retail pharmacy)
 - **Two nights before surgery:**
 bisaCODYL 15 mg (3 x 5 mg tablets) po at bedtime
 PEG 3350 with electrolytes – Mix 2 containers each with 70 g in 1 litre of tap water until dissolved, then refrigerate.
 - **Day before surgery at 08:00,** using the first container of PEG 3350 with electrolytes, patient to drink 1 glass (250 mL) of prep Q10 to 20 MIN until the entire litre is gone
 - Patient to drink plenty of clear fluids after taking the prep. Aim is to drink 4 glasses of fluid.
 - **Day before surgery at 11:00,** using the second container of PEG 3350 with electrolytes, patient to drink 1 glass (250 mL) Q10 to 20 MIN until the entire litre is gone
 - Patient to drink plenty of clear fluids after taking the prep. Aim is to drink 4 glasses of fluid.

Antibiotics (to be given after completion of Bowel Preparation at home):

- metroNIDAZOLE 1 g (4 x 250 mg TAB) PO at 13:00, 15:00, and 20:00
 (Patient to purchase from a retail pharmacy)
- neomycin 1 g (2 x 500 mg) PO at 13:00, 15:00, and 20:00
 (to be supplied in pre-admission clinic)

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 ACC with regard to medications

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IN PERI-OPERATIVE CARE UNIT (PCC)

INTRAVENOUS: IV infusion by infusion pump

ACTIVITY: Pre-op warming (BAIR PAWS)

MEDICATION:

Antibiotics

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

metroNIDAZOLE 500 mg IV

AND

ceFAZolin 1 g IV (if weight less than 80 kg) ***OR***

ceFAZolin 2 g IV (if weight 80 to 120 kg) ***OR***

ceFAZolin 3 g IV (if weight greater than 120 kg)

Repeat ceFAZolin 1 g IV Q4H if surgery is greater than 4 hours

OR If significant penicillin / cephalosporin allergy:

metroNIDAZOLE 500 mg IV

AND

Choose one:

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

ciprofloxacin 400 mg IV (if significant renal dysfunction)

Analgesics

See Anesthesia Consult Clinic Orders (Pre-printed order # 450)

Medication Instructions Prior to Surgery

- heparin 5000 units SUBCUTANEOUS on call to OR

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