Vancouver Acute
part of the Vancouver Coastal Health Authority

ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR COLON RESECTION

Site:

PCIS LABEL

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

PRE-SURGERY		**DATE:**	
CATEGORY	**EXPECTED OUTCOMES**	**DAY**	**NIGHT**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
Bowel/Bladder	Urine output more than 360ml/12 hours	Yes / No	Yes / No
	Pericare 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
Nutrition & Hydration	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
Skin, Dressings, Drains	Skin integrity intact (no evidence of pressure areas)	Yes / No	Yes / No
	Ostomy Nurse to assess (for stoma marking)	Yes / No / NA	Yes / No / NA
	Chlorhexidine wipes completed on evening prior to surgery	NA	Yes / No
	Chlorhexidine wipes completed on day of surgery	Yes / No	NA
Functional Mobility	Independent with ADLs as per pre op status	Yes / No	Yes / No
Teaching & Discharge Planning	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 recieved and reviewed Pain management pamphlet with	Yes / No	Yes / No

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE

Vancouver Acute
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ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR COLON RESECTION

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DAY OF SURGERY - OR DAY		DATE:	
CATEGORY	**EXPECTED OUTCOMES**	**DAY**	**NIGHT**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritis controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
Bowel/Bladder	If Foley insitu, output more than 120ml in 4 consecutive hours	Yes / No / NA	Yes / No / NA
	Catheter secured and pericare/catheter care completed Q shift	Yes / No / NA	Yes / No / NA
	If no Foley present, output more than 360 mL/12 hours	Yes / No	Yes / No
	Flatus passed Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended, non-tender	Yes / No	Yes / No
Nutrition & Hydration	Full fluids	Yes / No	Yes / No
	Boost Plus 240 mL BID	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
Skin, Dressings, Drains	Skin integrity intact (no evidence of pressure areas)	Yes / No	Yes / No
	Dressings dry and intact (Do not change dressing for 48 hrs after surgery, outline drainage with a pen and reinforce as needed)	Yes / No	Yes / No
	Absence of sanginuous/bilious drainage in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Strip HMV Q1H for 4 hrs, then 6H PRN. (if applicable)	Yes / No / NA	Yes / No / NA
	Post-op wash completed (Leave pink chlorhexidine skin preparation solution on for 6 hours post op)	Yes / No	Yes / No
	Ostomy rod insitu (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
Functional Mobility	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 3 times every 30 mins when awake, see iCOUGH	Yes / No	Yes / No
	Full night sleep achieved	NA	Yes / No
	SCD applied	Yes / No	Yes / No
Teaching & Discharge Planning	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

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE

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DAY OF SURGERY - POST-OP DAY 1		DATE:	
CATEGORY	**EXPECTED OUTCOMES**	**DAY**	**NIGHT**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritis controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
Bowel/Bladder	Foley Catheter removed **(Except for rectal surgery patients)**	Yes / No / NA	Yes / No / NA
	If Foley insitu, output more than 120ml in 4 consecutive hours	Yes / No / NA	Yes / No / NA
	Catheter secured and pericare/catheter care completed Q shift	Yes / No / NA	Yes / No / NA
	If no Foley present, output more than 360 mL/12 hours	Yes / No	Yes / No
	Flatus passed Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, not distended, non-tender	Yes / No	Yes / No
Nutrition & Hydration	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)	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
	Saline lock IV when drinking well	Yes / No	Yes / No
Skin, Dressings, Drains	Skin integrity intact (no evidence of pressure areas)	Yes / No	Yes / No
	Dressings dry and intact (Do not change dressing for 48 hrs after surgery, outline drainage with a pen and reinforce as needed)	Yes / No	Yes / No
	Absence of sanginuous/bilious drainage in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Strip HMV q6H PRN (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy rod insitu (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
Diagnostics	Electrolytes balanced	Yes / No	Yes / No
Functional Mobility	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 3 times every 30 mins when awake, see iCOUGH	Yes / No	Yes / No
	Up in chair for all meals ☐ with assistance ☐ independently	Yes / No	Yes / No
	Walked in hallway x 2 ☐ with assistance ☐ independently	Yes / No	Yes / No
	Up to bathroom ☐ with assistance ☐ independently	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
Teaching & Discharge Planning	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 received colostomy diet handout	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 **OR** has had a bowel movement	Yes / No	Yes / No
	• Capable to self manage ostomy (if applicable)	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: _____		

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE

Vancouver Acute
part of the Vancouver Coastal Health Authority

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Site:

PCIS LABEL

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

DAY OF SURGERY - POST-OP DAY 2		DATE:	
CATEGORY	**EXPECTED OUTCOMES**	**DAY**	**NIGHT**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritis controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
Bowel/Bladder	If Foley insitu, output more than 120ml in 4 consecutive hours	Yes / No / NA	Yes / No / NA
	Catheter secured and pericare/catheter care completed Q shift	Yes / No / NA	Yes / No / NA
	If no Foley present, output more than 360 mL/12 hours	Yes / No	Yes / No
	Flatus passed Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, non-tender, not distended or bloated	Yes / No	Yes / No
Nutrition & Hydration	Full fluid to DAT as tolerated	Full Fluid / DAT / No	Full Fluid / DAT / No
	Boost Plus 240 mL BID	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
	If CVC insitu, when drinking well remove and insert an saline lock	Yes / No / NA	Yes / No / NA
Skin, Dressings, Drains	Skin integrity intact (no evidence of pressure ulcers)	Yes / No	Yes / No
	Incision approximated, edges approximated (no signs of infection)	Yes / No	Yes / No
	Dressing changed	Yes / No	Yes / No
	Absence of sanginuous/bilious drainage in HMV (if applicable)	Yes / No / NA	Yes / No / NA
	Strip HMV Q6H PRN (if applicable)	Yes / No / NA	Yes / No / NA
	Discontinue drain if less than _____ mL/24 hours.	Yes / No / NA	Yes / No / NA
	Ostomy rod insitu (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
Functional Mobility	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 ☐ with assistance ☐ independently	Yes / No	Yes / No
	Walked in hallway x 2 ☐ with assistance ☐ independently	Yes / No	Yes / No
	Up to bathroom ☐ with assistance ☐ independently	Yes / No	Yes / No
	Deep Breathing & coughing 3 times every 30 mins when awake, see iCOUGH	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
Teaching & Discharge Planning	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 colostomy diet handout	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 **OR** has had a bowel movement	Yes / No	Yes / No
	• Capable to self manage ostomy (if applicable)	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: _____		

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

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Vancouver Acute
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DOCUMENTATION GUIDE
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DAY OF SURGERY - POST-OP DAY 3		DATE:	
CATEGORY	**EXPECTED OUTCOMES**	**DAY**	**NIGHT**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritis controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
Bowel/Bladder	Foley Catheter removed for **rectal surgery patient**	Yes / No / NA	Yes / No / NA
	Output more than 360 mL/12 hours	Yes / No	Yes / No
	Pericare completed Q shift	Yes / No	Yes / No
	Flatus passed Date of last BM: _____	Yes / No / NA	Yes / No / NA
	Abdomen soft, non-tender, not distended or bloated	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
Nutrition & Hydration	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)	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
Skin, Dressings, Drains	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
	Ostomy rod insitu (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
	Discontinue drain if less than _____ mL/24 hours.	Yes / No / NA	Yes / No / NA
	Absence of sanginuous/bilious drainage in HMV (if applicable)	Yes / No / NA	Yes / No / NA
Diagnostics	Electrolytes balanced	Yes / No / NA	Yes / No / NA
Functional Mobility	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 ☐ with assistance ☐ independently	Yes / No	Yes / No
	Walked in hallway x 2 ☐ with assistance ☐ independently	Yes / No	Yes / No
	Up to bathroom ☐ with assistance ☐ independently	Yes / No	Yes / No
	Deep Breathing & coughing 3 times every 30 mins when awake, see iCOUGH	Yes / No	Yes / No
	SCD applied	Yes / No	Yes / No
Teaching & Discharge Planning	Patient is aware of daily goals on clinical pathway	Yes / No	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 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 **OR** has had a bowel movement	Yes / No	Yes / No
	• Capable to self manage ostomy (if applicable)	Yes / No / NA	Yes / No / NA
	Discharge destination: _____		

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

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DAY OF SURGERY - POST-OP DAY 4		DATE:	
CATEGORY	**EXPECTED OUTCOMES**	**DAY**	**NIGHT**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritis controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
Bowel/Bladder	Flatus passed Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, non-tender, not distended or bloated	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
	Pericare completed Q shift	Yes / No	Yes / No
Nutrition & Hydration	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)	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Remove saline lock	Yes / No	Yes / No
Skin, Dressings, Drains	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Ostomy rod insitu (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
Functional Mobility	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 3 times every 30 mins when awake, see 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
Teaching & Discharge Planning	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	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 **OR** has had a bowel movement	Yes / No	Yes / No
	• Capable to self manage ostomy (if applicable)	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: _____		

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE

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DAY OF SURGERY - POST-OP DAY 5		DATE:	
CATEGORY	**EXPECTED OUTCOMES**	**DAY**	**NIGHT**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritis controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
Bowel/Bladder	Flatus passed Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, non-tender, not distended or bloated	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
	Pericare completed Q shift	Yes / No	Yes / No
Nutrition & Hydration	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)	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Remove saline lock	Yes / No	Yes / No
Skin, Dressings, Drains	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Ostomy rod insitu (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
Functional Mobility	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 3 times every 30 mins when awake, see 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
Teaching & Discharge Planning	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	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 **OR** has had a bowel movement	Yes / No	Yes / No
	• Capable to self manage ostomy (if applicable)	Yes / No / NA	Yes / No / NA
	Patient self administering dalteparin	Yes / No / NA	Yes / No / NA
	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:_____		

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE

ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR COLON RESECTION

Site:

PCIS LABEL

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**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
Cognition	Alert and orientated x 3 (person, place, date)	Yes / No	Yes / No
Assessment	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
Pain Management	Pain level acceptable to patient	Yes / No	Yes / No
	Pruritis controlled	Yes / No	Yes / No
	Epidural site satisfactory (if applicable)	Yes / No / NA	Yes / No / NA
Bowel/Bladder	Flatus passed Date of last BM: _____	Yes / No	Yes / No
	Abdomen soft, non-tender, not distended or bloated	Yes / No	Yes / No
	No evidence of urinary tract infection	Yes / No	Yes / No
	Pericare completed Q shift	Yes / No	Yes / No
Nutrition & Hydration	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)	Yes / No	Yes / No
	Nausea controlled	Yes / No	Yes / No
	Absence of vomiting	Yes / No	Yes / No
	Remove saline lock	Yes / No	Yes / No
Skin, Dressings, Drains	Incision approximated (no signs of infection)	Yes / No	Yes / No
	Skin integrity intact (no evidence of pressure ulcer)	Yes / No	Yes / No
	Ostomy rod insitu (if applicable)	Yes / No / NA	Yes / No / NA
	Ostomy bud is pink, warm, moist and raised (if applicable)	Yes / No / NA	Yes / No / NA
Functional Mobility	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 3 times every 30 mins when awake, see 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
Teaching & Discharge Planning	Patient reviewed ERAS teaching booklet and filling out ERAS patient checklist	Yes / No	Yes / No
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	• Tolerating regular diet	Yes / No	Yes / No
	• Passing gas **OR** has had a bowel movement	Yes / No	Yes / No
	• Capable to self manage ostomy (if applicable)	Yes / No / NA	Yes / No / NA
	Patient self administering dalteparin	Yes / No / NA	Yes / No / NA
	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:_____		

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE

Vancouver Acute
part of the Vancouver Coastal Health Authority

ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR COLON RESECTION

Site:

PCIS LABEL

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**
Safety	Bedside Safety Check	Yes / No	Yes / No
Fall Risk/Care Plan	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
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Nutrition & Hydration	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)	Yes / No	Yes / No
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Skin, Dressings, Drains	Incision approximated (no signs of infection)	Yes / No	Yes / No
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	Ankle exercises every hour when in bed	Yes / No	Yes / No
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	Patient self administering dalteparin	Yes / No / NA	Yes / No / NA
	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:_____		

Initials & Discipline of Health Care Team Members (All Shifts)	D	N

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE

Vancouver Acute
part of the Vancouver Coastal Health Authority

ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR COLON RESECTION

Site:

PCIS LABEL

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**
Discharge	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: _____		

Initials & Discipline of Health Care Team Members (All Shifts)	**D**	**N**

Vancouver Coastal Health
INTERDISCIPLINARY PROGRESS NOTES / VARIANCE TRACKING RECORD

TIME	PROBLEM	ASSESSMENTS, INTERVENTIONS, EVALUATIONS	INITIALS / DISCIPLINE