

ANESTHESIA		SURGERY		NURSING		PATIENT											
<b>DAYS B4</b>	<b>PREPARE</b>	Phone Consult or Appointment		Enter surgery & pre-op orders		Enroll in MyChart, Visit ERAS website for information.											
		Deliver instructions via MyChart or mail.		Patient Education, EMMI videos		Prehabilitation: Follow Exercise program and have support at home in place for discharge.											
				Stoma marking and teaching		Clears liquids 7am and bowel prep noon on day before surgery											
<b>DOS. PRE-OP</b>	<b>MEDICATIONS</b>	Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr		Most patients get Oral and Mechanical Bowel preparation		Please complete Pre-Op RN checklist 45 minutes prior to OR start time, then Green Light.											
		<table border="1"> <tr> <td>Gabapentin</td> <td>600mg once</td> </tr> <tr> <td>Acetaminophen</td> <td>1000mg once</td> </tr> <tr> <td>Diclofenac (if eGFR&gt;60)</td> <td>100mg once</td> </tr> <tr> <td>Scopolamine</td> <td>1.5mg TD once</td> </tr> </table>		Gabapentin	600mg once	Acetaminophen	1000mg once	Diclofenac (if eGFR>60)	100mg once	Scopolamine	1.5mg TD once	On clears day prior to surgery, Nothing by mouth for four hours before surgery except for a Boost Breeze completed 2 hours before coming to hospital.		Apply Warming Blanket to patient. Teach IS.		Only clears day prior to surgery, NPO for four hours before surgery except for a Boost Breeze completed 2 hours before coming to hospital.	
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<table border="1"> <tr> <td>Age &lt; 60 years</td> <td></td> </tr> </table>		Age < 60 years		Consent checked, Site Marking, and 24-hr H&P completed 40 minutes before OR start time. Discuss Epidural need with anesthesia team.		Gabapentin 600, APAP 1000, Diclofenac given once with water (<100ml). Antiemetics may also be ordered.		Risks of surgery and anesthesia will be discussed. You will sign a consent for the procedure, and discuss the possibility of receiving blood products.									
Age < 60 years																	
<b>REQUIREMENTS</b>		30 minutes before start time, complete anesthesia assessment, go to Block Room, and place Thoracic Epidural placed at T8-10				If there is any chance you might be pregnant, please discuss with surgery and anesthesia											
<b>INTRA-OP</b>	<b>MEDICATIONS</b>	Maintain patient temperature >36															
		Orogatric tube to low intermittent suction		If on steroids, ask for Hydrocortisone 100mg IV x 1													
		<b>VTE</b>		Heparin 5000 U SC X 1 after epidural placement													
		<b>IVFs</b>		Fluids: NTE 2 L for straightforward colectomies unless EBL>300ml,													
		<b>ABX</b>		Antibiotic: 2 g ceftriaxone + 500 mg metronidazole IV													
		<b>PONV</b>		<table border="1"> <tr> <td>Dexamethasone</td> <td>4 mg IV x 1 after induction</td> </tr> <tr> <td>Metoclopramide</td> <td>10mg IV X 1. Unless contraindicated.</td> </tr> <tr> <td>Ondansetron</td> <td>4mg IV x 1</td> </tr> </table>		Dexamethasone	4 mg IV x 1 after induction	Metoclopramide	10mg IV X 1. Unless contraindicated.	Ondansetron	4mg IV x 1						
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				Propofol gtt (with >3 RFs)													
		<b>ALL</b>		Minimize opioid medications													
				If Opioid-Tolerant, continue their opioid regimen intra-op. Start ketamine load and infusion. 0.2 mg/kg x 1. Then 2 mcg/kg/min.		ERAS TIMEOUT: Review opioid sparing strategy, PONV, SCIP measures + IVF management											
		IV Toradol 30 mg (to be confirmed at timeout)															
<b>Laparoscopic</b>		Lidocaine gtt @ 2 mg/kg/hr		Surgeon infiltration 0.25% bupivacaine													
		Magnesium bolus 30 mg/kg (over 30 minutes) then 6 mg/kg/hr															
<b>Ostomy</b>		Lidocaine and magnesium gtt		Surgeon infiltration 0.25% bupivacaine													
<b>Open</b>		Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr (if not amenable to epidural, then consider TAP vs lido/mg gtt.		ERAS Debrief: Post-op pain regimen, diet orders, heparin dosing													

PACU		MEDI	Minimize opioid medications	Order Postop Colorectal Surgery Orderset	Minimize opioid medications	
		CATIO	Order Antiemetics	Choose Famotidine (if GERD or steroids )	Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr	
		REGI	Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr	Choose Toradol if appopriate		
FLOOR/ICU	MEDICATIONS		Gabapentin 600mg PO QHS	Immediate Post op Labs on select patients only	Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,	Out of bed 6 hours after surgery
			Acetaminophen 1000mg IV q6H	Limited clear diet 500ml per shift	Out of bed 6 hours after surgery with assistance of Nursing	Incentive Spirometry x10 q 1H
			Toradol (if eGFR>60) 15mg IV q6H	Address stoma care	Encourage Incentive Spirometry x10 q 1H	Limited Clears (<500 ml per shift)
			If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.	Address delirium precautions	Foley Catheter to gravity.	Gum Chewing encouraged
			IV Dilaudid and Oxycodone PRN	Address Ileostomy teaching	DVT Proph: Heparin 5kU SQ TID	
			REGI ONA	Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr		
FLOOR/ICU	MEDICATIONS		Gabapentin 600mg PO QHS	Evaluate IV Fluids and avoid hypervolemia	Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,	Walking 5 times a day. At least first time with nurse.
			Acetaminophen 1000mg IV/PO q6H	Labs: CBC, Cr, BUN	Ambulation: OOB to chair (3hrs) BID Ambulation 5 x per day	Incentive Spirometry x10 q 1H
			Toradol OR Diclofenac (eGFR) 15mg IV q6H 50mg PO TID	Unlimited clears on POD 1. On POD2 Regular diet /Low residue for new ileostomies ileoanals	Encourage Incentive Spirometry x10 q 1H	Unlimited Clears or Regular / Low residue diet
			If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.	Address Foley removal either today o POD 4 (if pelvic dissection)	Remove Foley Catheter in AM	Gum Chewing OK
			IV Dilaudid and Oxycodone PRN	Address steroid taper if appropriate	DVT Proph: Heparin 5000U SQ TID	
			REGI ONA	Thoracic Epidural Continue POD1. Stop infusion at 6AM on POD2. Catheter to be removed	Hold 6AM Heparin dose for epidural removal POD2	
FLOOR/ICU	DISCHARGE		Acetaminophen	Meds to Beds	Discharge Teaching	Ensure questions answered
			NSAIDS (Diclofenac, celebrex or ibuprofen)	Clear discharge instructions with use of adjunct nonopioid pain meds	Meds to Beds	Check follow up appointment date and time
			Opioid	Plan for staples, drains, follow up labs appointment in place		Confirm plan in place for drains, staples pain meds, other meds, follow up
						Have support at home in place for discharge