Methodist Le Bonheur Healthcare

Physician Orders ADULT: General Surgery Enhanced Recovery After Surgery (ERAS) Pre Op Plan

Initiate Orders Phase
Admission/Transfer/Discharge

☐ Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit:_____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient
T;N Attending Physician: _____
Reason for Visit:_____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
[ ] OP OBSERVATION Services

Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase
Phase: General Surgery (ERAS) Pre Op Phase, When to Initiate:_____

General Surgery (ERAS) Pre Op Phase
Non Categorized

☑ Pre Op Diagnosis/Reason

Admission/Transfer/Discharge

☐ Notify Physician-Once
Notify For: of room number on arrival to unit

Activity

☑ PreOp Bath/Shower
Product To Use: Chlorhexidine(>12 months age), Chlorahexidine bath at 2000 the evening before surgery

☑ PreOp Bath/Shower
Product To Use: Chlorhexidine(>12 months age), Chlorahexidine bath at 0430 the day of surgery

Food/Nutrition

☑ Clear Liquid Diet
Start at: T;N, May have clear liquids up until 0500 the day of surgery

☑ Nurse Communication
May have clear liquids up until 0500 the day of surgery, then make patient NPO at 0500 day of surgery except for Clearfast or Ensure Pre-Surgery drink.

☐ NPO
NPO after 0500 the day of surgery except for Clearfast or Ensure Pre-Surgery drink., Start at: T;0500

Patient Care

☑ Clearfast
T;N, Once, Clearfast drink 3 hours prior to surgery or on arrival for SDS case.

☑ Ensure Pre-Surgery
Once, Ensure Pre-Surgery drink 3 hours prior to surgery or on arrival for SDS case., T;N

☑ Whole Blood Glucose Nsg
Stat, on call to OR

☑ Weight
Routine, Weigh patient on arrival to SDS or day of surgery for all other cases (Use floor scales and not bed scales and document in iView.

☑ Heat Apply
Apply To Other (See Special Instructions), Forced Air Blanket, In pre-op apply to body per patient comfort level.

Nursing Communication

☑ Nursing Communication
Label patient's paper chart "ERAS PATIENT"

Laboratory

☐ CBC w/o Diff

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☐   *Routine, T;N, once, Type: Blood*
     Hematocrit
         Routine, T;N, once, Type: Blood
☐   PT
         Routine, T;N, once, Type: Blood
☐   PTT
         Routine, T;N, once, Type: Blood
☐   PFT Platelet Function Test
         Routine, T;N, once, Type: Blood
☐   BMP
         Routine, T;N, once, Type: Blood
☐   Type and Screen
         Routine, to Hold, Type: Blood
☐   Platelet Count
         Routine, T;N, once, Type: Blood

Diagnostic Tests
☐   Chest 1 VW
         T;N, Routine, Portable
☐   Chest 2 Views
         T;N, Routine, Stretcher
☐   Electrocardiogram
         Start at: T;N, Priority: Routine

Consults/Notifications/Referrals
☐   Physician Group Consult
         Group: Medical Anesthesia Group, Reason for Consult: Regional Block
☐   Dietitian Consult/Nutrition Therapy
         Routine, Type of Consult: Other, please specify, Special Instructions: Confirm ERAS nutritional supplements are provided and assess post-operatively.

_____   _____   _____   _____

Date   **Time**   **Physician's Signature**   **MD Number**

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order