



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

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase  
*T;N, Phase: General Surgery (ERAS) Post-Op Phase, When to Initiate: When patient returns to room post op*
- Initiate Powerplan Phase  
*T;N, Phase: General Surgery (ERAS) Post Epidural Pain Med Phase, When to Initiate: Other-See Special Instructions, When epidural has been removed.*

General Surgery (ERAS) Post Op 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*
- Notify Physician-Once  
*T;N, Notify of room number upon arrival to unit.*

Vital Signs

- Vital Signs Per Unit Protocol  
*T;N, Monitor and Record T,P,R,BP*

Activity

- Out Of Bed  
*T;N, Post Op Day 0 have patient out of bed to chair*
- Out Of Bed  
*T+1, Post Op day 1 have patient out of bed to chair  
Comments: Post Op day 1 have patient out of bed to chair*
- Out Of Bed  
*T+1, Up As Tolerated, Advance activity daily*
- Ambulate  
*T+1, tid, With Assistance*

Food/Nutrition

- Clear Liquid Diet  
*Start at: T;N*

Patient Care





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- Advance Diet As Tolerated  
*T;N, Start clear liquids and advance to regular diet as tolerated. After surgery begin with ice chips first then advance to clear liquids, full liquid, soft, then regular diet.*
- Advance Diet As Tolerated  
*T;N, Start clear liquids and advance to Consistent Carbohydrate (ADA Consistent Carbohydrate Diet) 1800 Calories. After surgery begin with ice chips first then advance to clear liquids, full liquid, soft, then Consistent Carbohydrate 1800 calories diet.*
- Bladder scanner assessment maybe utilized prn to assess retained urine volume.(NOTE)\*
- Reason for Urinary Retention Protocol  
*T;N, Reasons Pelvic discomfort/Inability to void*
- Intermittent Catheterization Procedure  
*T;N, if unable to void*
- Indwelling Urinary Catheter Care  
*T;N, q-shift, PRN*
- Whole Blood Glucose Nsg  
*T;N, Routine, once*
- Whole Blood Glucose Nsg  
*T;N, q6h(std)*
- Whole Blood Glucose Nsg  
*T;N, achs*
- Intake and Output  
*T;N, Routine, q8h(std), Record Intake & Output*

**Respiratory Care**

- Oxygen Saturation-Spot Check (RT)  
*T;N Routine once*

**Continuous Infusion**

- Lactated Ringers Injection  
*1,000 mL, IV, Routine, 75 mL/hr*

**Medications**

Laxative of Choice Orders below:(NOTE)\*

- +1 Hours** Milk of Magnesia 8% oral suspension  
*30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine*
- +1 Hours** bisacodyl  
*10 mg, DR Tablet, PO, QDay, PRN Constipation, Routine*
- +1 Hours** Maalox Advanced Maximum Strength  
*15 mL, Oral Susp, PO, q6h, PRN Gas, Routine*

**DVT Prophylaxis**

If bleeding risk exists, and no contraindication to SCD, place order below:(NOTE)\*

- SCD Apply





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*T;N, Apply To Lower Extremities*

*Comments: bleeding risk exists*

If no bleeding risk exists, place the heparin and both CBC w/o Diff orders below:(NOTE)\*

heparin

*5,000 units, Injection, Subcutaneous, q8h, Routine*

*Comments: Start on morning of post-op day 1. Pharmacist may adjust administration times after first dose. Start on morning of Post-Op Day 1*

CBC w/o Diff

*Routine, T;N, once, Type: Blood*

*Comments: baseline for VTE Prophylaxis*

CBC w/o Diff

*Time Study, T+2;0400, Type: Blood*

**Ulcer Prophylaxis**

famotidine

*20 mg, Injection, IV Push, q12h, Routine*

**Laboratory**

CBC w/o Diff

*Routine, T;N, once, Type: Blood, Collection Comment: Baseline for VTE Prophylaxis*

*Comments: Baseline for VTE Prophylaxis*

CBC w/o Diff

*Time Study, T+2;0400, QODay, Type: Blood*

CBC w/o Diff

*Routine, T;N, once, Type: Blood*

PT

*Routine, T;N, once, Type: Blood*

PTT

*Routine, T;N, once, Type: Blood*

BMP

*Routine, T;N, once, Type: Blood*

CMP

*Routine, T;N, once, Type: Blood*

Magnesium Level

*Routine, T;N, once, Type: Blood*

Phosphorus Level

*Routine, T;N, once, Type: Blood*

**Consults/Notifications/Referrals**

Notify Physician-Continuing

*T;N, If unable to void after Foley removal and Post void residual is greater than 250ml residual notify surgery team*





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- Notify Physician For Vital Signs Of  
*T;N, Notify: Physician, BP Systolic > 170, BP Diastolic > 110, BP Systolic < 95, BP Diastolic < 55, Celsius Temp > 35, Heart Rate > 110, Heart Rate < 60, Urine Output < 250mL/8hrs*

**(ERAS) Post Epidural Pain Med Phase**

**Nursing Communication**

- Nursing Communication  
*T;N, Post Epidural Pain Med Phase should ONLY be initiated after the epidural has been discontinued.*

**Medications**

- +1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
*1 tab, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine*
- +1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
*1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine*
- +1 Hours** HYDROmorphine  
*1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine*
- +1 Hours** HYDROmorphine  
*0.5 mg, Injection, IV Push, q4h, PRN Pain, Breakthrough, Routine*
- +1 Hours** morphine  
*1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine*
- +1 Hours** morphine  
*1 mg, Injection, IV Push, q4h, PRN Pain, Breakthrough, Routine*

|      |      |                       |           |
|------|------|-----------------------|-----------|
| 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

