
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

☐ 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 may be 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

T;N, Apply To Lower Extremities  
Comments: bleeding risk exists  
If no bleeding risk exists, place the heparin and both CBC wo 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

☐ 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