
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), Chlorhexidine bath at 2000 the evening before surgery

☑ PreOp Bath/Shower
Product To Use: Chlorhexidine(>12 months age), Chlorhexidine 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

- **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