



Physician Orders ADULT: ANES Enhanced Recovery After Surgery (ERAS) Plan

Initiate Orders Phase

Non Categorized

R Powerplan Open

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
Phase: Anes (ERAS) Pre-insertion Phase, When to Initiate: Other-See Special Instructions, initiate as soon as possible
- ☐ Initiate Powerplan Phase
Phase: Anes (ERAS) Post-insertion Phase, When to Initiate: When pt returns to room post procedure

Anes (ERAS) Pre-insertion Phase

Patient Care

- ☒ Clearfast
T;N, Clearfast drink if NOT PREVIOUSLY GIVEN
- ☒ Weight
Weigh patient on arrival with floor scales (Not bed Scales)
- ☐ Whole Blood Glucose Nsg
once, on arrival to SDS, notify anesthesia if blood glucose greater than 200mg/dL.

Continuous Infusion

- ☐ Bupivacaine 0.1% (Intravia)
400 mL, EPI, Routine, mL/hr
Comments: ROUTE=EPI;NOT FOR INJECTION.
- ☐ Bupivacaine 0.2% (Intravia)
400 mL, EPI, Routine, mL/hr
Comments: ROUTE=EPI;NOT FOR INJECTION.

Medications

- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, N/A, Routine
Comments: On Arrival
- ☐ **+1 Hours** acetaminophen
975 mg, Tab, PO, N/A, Routine
Comments: On Arrival
- ☐ **+1 Hours** gabapentin
600 mg, Cap, PO, N/A, Routine
Comments: On Arrival
- ☐ **+1 Hours** meloxicam
15 mg, Tab, PO, N/A, Routine
- ☐ **+1 Hours** celecoxib
200 mg, Cap, PO, N/A, Routine
Comments: On Arrival





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Anes (ERAS) Post-insertion Phase

Vital Signs

- ☒ Vital Signs
Monitor and Record T,P,R,BP, monitor q2hrs x12h then q4h
- ☒ Vital Signs
Monitor and Record Resp Rate, Depth of Respiration (shallow-minimal movement of chest wall or abdomen, normal, or deep-prolonged or pronounced movement of chest wall or abdomen), Oxygen saturation, Level of Consciousness q1hr x 12 hrs then q2h X 12

Patient Care

- ☒ Elevate Head Of Bed
30 degrees At all times
- ☒ Daily Weights
Routine, qam, For 3 day, Use floor scales and not bed scales. Record in IVIEW, T+1;0600
- ☒ Incentive Spirometry NSG
q1h-Awake, 10 times every hour while awake

Nursing Communication

- ☒ Nursing Communication
NO NARCOTICS OR SEDATIVES EXCEPT AS ORDERED BY ANESTHESIA
- ☒ Nursing Communication
PACU, Floor and ICU: The ANES ERAS orders are in effect until the epidural is discontinued.
- ☒ Nursing Communication
Place sign above patient's head of bed with APS Epidural.
- ☒ Nursing Communication
Monitor patient closely if naloxone given and notify anesthesiology.
- ☒ Nursing Communication
Use ordered PRN pain medications if: analgesia is inadequate, patient is easily aroused and respiratory rate is greater than 12 per minute.
- ☒ Nursing Communication
If scopolamine patch applied remove patch 24 hours after administration.
- ☒ Nursing Communication
If pt has respiratory rate less than 8 bpm, change in respiratory pattern or evidence of airway obstruction, appears excessively drowsy, obtunded or unarousable, get an O2 spot check-NSG, turn off APS catheter pump and notify anesthesia.
- ☒ Nursing Communication
Pt is to chew gum three times a day for 30 minutes.
- ☒ Nursing Communication
NOTIFY ANESTHESIA BEFORE STARTING ANTICOAGULANT THERAPY (Not necessary for Heparin ordered as 5000 units BID
- ☒ Nursing Communication
Patient may continue receiving Heparin as previously ordered, call anesthesia for any dose greater





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than Heparin 5000 units BID

- ☒ Nursing Communication
Pain management per Anesthesia only while epidural is in place
- ☒ Nursing Communication
For questions regarding epidural or pain management please call anesthesia. University 516-8407, Germantown 516-6909 and ask for the Boardman or call physician after hours.
- ☒ Nursing Communication
Post surgical diet to be ordered by surgeon
- ☒ Nursing Communication
Epidural catheter does not restrict activity as ordered by surgeon.
- ☒ Nursing Communication
Foley catheter not required for patients with epidural catheter. Foley catheter orders per surgeon

Medications

Scheduled Pain Medications

- ☐ **+1 Hours** acetaminophen
975 mg, Tab, PO, q6h, Routine, (for 120 hr)
Comments: Pharmacy to reject and discontinue acetaminophen/Percocet except as ordered per Anesthesia.
- Please select the appropriate order sentence(s) for patients unable to take PO.(NOTE)*
- ☐ **+1 Hours** acetaminophen
1,000 mg, IV Piggyback, IV Piggyback, q6h, Routine, (for 24 hr), (infuse over 15 min) [Greater Than or Equal To 50 kg] (DEF)*
Comments: Pharmacy to reject and discontinue if: 1) Patient is taking PO medications/receiving oral intake, 2) AST/ALT greater than 3 x ULN, 3) History of alcohol or substance abuse, or 4) Elevated INR at baseline (1.5 or greater without systemic anticoagulation).
- 15 mg/kg, IV Piggyback, IV Piggyback, q6h, Routine, (for 24 hr), (infuse over 15 min) [Less Than 50 kg]
Comments: Pharmacy to reject and discontinue if: 1) Patient is taking PO medications/receiving oral intake, 2) AST/ALT greater than 3 x ULN, 3) History of alcohol or substance abuse, or 4) Elevated INR at baseline (1.5 or greater without systemic anticoagulation).
- AND(NOTE)*
- ☐ **+24 Hours** acetaminophen
975 mg, Tab, PO, q6h, Routine, (for 96 hr)
- ☐ **+1 Hours** meloxicam
15 mg, Tab, PO, QDay, (for 120 hr)
- ☐ **+1 Hours** celecoxib
200 mg, Cap, PO, q12h, (for 120 hr)
Comments: Pharmacy to reject and discontinue if GFR less than 60 mL/min.
- ☐ **+1 Hours** gabapentin





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300 mg, Cap, PO, q12h, (for 120 hr)

Comments: Pharmacy to reject and discontinue if greater than 70 years of age or GFR less than 50 mL/min.

- ☐ **+1 Hours** loratadine
10 mg, Tab, PO, QDay, Routine, (for 120 hr)
- ☐ ondansetron
4 mg, Orally Disintegrating Tab, PO, q6h, Routine, (for 120 hr)

PRN Medications

- ☐ **+6 Days** Hold medication x1 dose
Med to Hold: Hold morning dose of Heparin Post Op Day 5 in anticipation of epidural removal
- ☐ **+1 Hours** oxyCODONE
5 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 120 hr)
Comments: for patients taking PO
- ☐ **+1 Hours** oxyCODONE
10 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 120 hr)
Comments: for patients taking PO
- ☐ **+1 Hours** HYDROmorphine
0.25 mg, Injection, IV Push, q20min, PRN Pain, Moderate (4-7), Routine, (for 120 hr)
Comments: Cumulative total dose of Dilaudid = 1mg q 2 hrs. Comment: PRN breakthrough pain for patients not taking PO OR have failed oral pain medication, May administer if analgesia is inadequate AND patient is easily aroused AND respiratory rate is greater than 12 per minute.
- ☐ **+1 Hours** HYDROmorphine
0.5 mg, Injection, IV Push, q20min, PRN Pain, Severe (8-10), Routine, (for 120 hr)
Comments: Cumulative total dose of Dilaudid = 1mg q 2 hrs. Comment: PRN breakthrough pain, May administer if analgesia is inadequate AND patient is easily aroused AND respiratory rate is greater than 12 per minute.
- ☐ **+1 Hours** promethazine 25 mg/mL topical gel
25 mg, Gel, TOP, q6h, PRN Nausea, Routine, (for 120 hr)
- ☐ **+1 Hours** nalbuphine
5 mg, Inj, IV Push, q8h, PRN Itching, Routine, (for 120 hr)
Comments: offer first
- ☐ **+1 Hours** diphenhydrAMINE
25 mg, Cap, PO, q6h, PRN Itching, Routine, (for 120 hr)
Comments: for itching unrelieved by nalbuphine after 30 min
- ☐ **+1 Hours** diphenhydrAMINE
12.5 mg, Injection, IV Push, q6h, PRN Itching, Routine, (for 120 hr)
Comments: If unable to tolerate PO. For itching unrelieved by nalbuphine after 30 min. May repeat dose if itching unrelieved.

Reversal Agent

- R **+1 Hours** naloxone





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0.4 mg, Injection, IV Push, prn, PRN Oversedation, Routine, (for 120 hr)

Comments: if respiratory rate is less than 8 per minute or patient is obtunded or unarousable, give naloxone and call anesthesiologist immediately. Repeat if patient does not respond in 30 minutes PRN resp rate less than 8 breaths/min or pt obtunded or unarousable. Monitor pt closely and repeat initial dose if pt does not respond to initial dose within 30 minutes.

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
Notify: Anesthesia, Notify For: BEFORE starting anticoagulant therapy Clopidogrel (PLAVIX), or Prasugrel (Effient). If Epidural has not been discontinued.
- ☒ Notify Physician-Continuing
Notify: Anesthesia, Notify For: If pt has resp rate< less than 8 breaths/min, change in resp pattern or evidence of airway obstruction. Altered mental status, appears drowsy, obtunded or unarousable. Pain relief is deemed inadequate despite administration
- ☒ Notify Physician-Continuing
Notify: Anesthesia, Notify For: notify immediately if naloxone given.
- ☒ Notify Physician-Continuing
Notify: Anesthesiologist, Notify For: for inadequate analgesia, pruritus, urinary retention
- ☐ Notify Physician-Continuing
Notify: Anesthesiologist,, Notify For: if there is a greater than 10 percent weight gain from day of surgery
- ☐ Notify Physician-Continuing

Date	Time	Physician's Signature	MD Number
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***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

