

ENHANCED RECOVERY AFTER COLORECTAL SURGERY (ERACS)

Kelowna General Hospital Adult Post-Operative Order Set Weight (kg)

79

Rubin : Billie DOB 06/15/1965

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В	alleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders (🗌) require physician/prescriber check mark (🗹) to be initiate
1.	ALLERGIES: SEE ALLERGY/ADR RECORD
2.	CODE STATUS/MOST Refer to completed Medical Orders for Scope of Treatment (MOST) #829641
	DIET Dietitian consult (specify indication): 1 can of nutritional supplement BID every day Day 0 and 1: full fluids (FF)
	2 Section 1 2 Section 2 Planette Section 2 Restricted Tibel (low residue)
4. A	Physiotherapy consult for complex mobility issues. Screen as per 48/6 process Day 0: dangle at side of bed and up to chair as tolerated Day 1 and on: up to chair for all meals and ambulate at least 3 × / day Dressing change Day 2 unless saturated
5. V	For patient being followed by Acute Pain Service, vital signs as per APS orders and then TID when discontinued For patient NOT being followed by Acute Pain Service, vital signs Q4H × 48 hours and then TID Monitor urine output Q1H over first night post-op, then Q shift if urine output adequate For urine output less than 120 mL/4 hours on Day 0: Give Ringer's Lactate 500 mL IV × 1 dose, and run over 30 minutes Contact MRP if urine output does not improve to greater than 120 mL/4 hours following bolus Remove indwelling catheter Day 2 in the morning In and out catheter for urinary retention greater than 500 mL upon bladder scan (or greater than 300 mL in frail elderly)
LA •	BORATORY Post-Op day 1 and 2: CBC, Sodium, Potassium, Chloride, Bicarbonate, Urea, Creatinine, Phosphorus
•	RAVENOUS THERAPY AND HYDRATION Ringers's Lactate IV at mL/hr ** OR ** D5 ½ NS + 20 mEq KCI/L at mL/hr Day 1: IV TKVO if drinking well (1,200 to 1,500 mL/24 hours) Day 2: Saline lock IV when tolerating diet

Prescriber's Signature,

1600

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7.



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Kelowna General Hospital Adult Post-Operative Order Set

Mainh	11.00
Weight	(KU)

	lleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders () require physician/prescriber check mark () to be initiated.
	MEDICATIONS NO non-steroidal anti-inflammatory drugs (NSAIDs) to be administered for the duration of hospital admission (unless otherwise specified by MRP) NO Suppositories Stop Angiotensin-Converting Enzyme (ACE) inhibitors and Angiotensin II Receptor Blockers (ARBs) × 24 hours, then MRP to reassess tamsulosin 0.4 mg PO DAILY For patient being followed by Acute Pain Service – See Acute Pain Service (APS) Orders antacid 10 to 30 mL PO Q1H PRN for gastric reflux pantoprazole 40 mg PO DAILY × 48 hours, then MRP to reassess magnesium hydroxide laxative (Magnolax®) 30 mL PO BID to start Day 2 (hold if diarrhea) metoclopramide 10 mg IV Q8H × 24 hours, then Q8H PRN For patient NOT being followed by Acute Pain Service ondansetron 4 mg PO/IV Q6H × 24 hours, then Q6H PRN for nausea dimenhyDRINATE 25 to 50 mg PO/IV Q4H PRN for nausea antacid 10 to 30 mL PO Q1H PRN for gastric reflux zopiclone 3.75 to 7.5 mg PO HS PRN for sleep pantoprazole 40 mg PO DAILY × 48 hours, then MRP to reassess acetaminophen 325 to 650 mg PO Q4H PRN for pain Tylenol® #3 1 to 2 TABS PO Q4H PRN for pain (max 4,000 mg acetaminophen/24 hours) HYDROmorphone 2 to 4 mg PO Q4H PRN for pain myDROmorphone 1 to 2 mg subcutaneously Q4H PRN for pain morphine 5 to 10 mg PO Q4H PRN for pain morphine 2.5 to 5 mg subcutaneously Q4H PRN for pain morphine 2.5 to 5 mg subcutaneously Q4H PRN for pain morphine 1 to 4 mg IV Q1H PRN for pain morphine 1 to 4 mg IV Q1H PRN for pain morphine 1 to 4 mg IV Q1H PRN for pain morphine 1 to 4 mg IV Q1H PRN for pain morphine 1 to 4 mg IV Q1H PRN for pain morphine 1 to 4 mg IV Q1H PRN for pain morphine 1 to 4 mg IV Q8H × 24 hours, then Q8H PRN metoclopramide 10 mg IV Q8H × 24 hours, then Q8H PRN metoclopramide 10 mg IV Q8H × 24 hours, then Q8H PRN metoclopramide 10 mg IV Q8H × 24 hours, then Q8H PRN
9.	ADDITIONAL ORDERS ✓ Venous Thromboembolism (VTE) Prophylaxis – Adult PPO (#829495) ☐ Anticipated extended duration thromboprophylaxis • Notify clinical pharmacist for patient teaching and Pharmacare low molecular weight heparin (LMWH) special authority request form (28 day duration) ☐ ET consult for: ☐ Ileostomy ☐ Colostomy ☐ Urostomy ☐ Wound
0	Printed Name or College ID#

Prescriber's Signature

Date (dd/mm/yyyy)

Time