

ENHANCED RECOVERY AFTER COLORECTAL SURGERY (ERACS)

Kelowna General Hospital
Adult Post-Operative Order Set

Weighi (kg)

Rubin : Billice

DOB 06/15/1967

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			orders (□) require physician/prescriber check mark (☑) to be initia					
1. ALLERGIES: SEE	ALLERGY/ADR R	RECORD						
2. CODE STATUS/MO	OST							
 Refer to complet 	ed Medical Orders	for Scope of Treatment (MOST)	#829641					
3. DIET								
	onacife indications							
 1 can of nutritions 	al supplement BID	every day						
 Day 0 and 1: full f 	luids (FF)	,						
 Day 2 and on: □ 	General 🖸 Dia	abetic General 🔲 Ileostomy 🛭	☐ Restricted Fiber (low residue)					
 Sugar-free chewir 	ng gum 1 piece TID) with meals and PRN (Pt's own n	ned)					
4. ACTIVITY								
	sult for complex m	obility issues. Screen as per 48/	6 process					
 Day 0: dangle at s 	ide of bed and up t	to chair as tolerated	•					
		s and ambulate at least 3×/day						
 Dressing change D 	ay 2 uniess satura	ited						
5. VITAL SIGNS/MONITORING								
 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: 								
							/ × 1 dose, and run over 30 minut	Ac .
							not improve to greater than 120 n	
 Remove indwelling of 	catheter Day 2 in th	ne morning	•					
 In and out catheter felderly) 	or urinary retention	ı greater than 500 mL upon bladd	er scan (or greater than 300 mL in frail					
6. LABORATORY								
 Post-Op day 1 and 2 	: CBC, Sodium, P	otassium, Chloride, Bicarbonate,	Urea, Creatinine, Phosphorus					
. INTRAVENOUS THERA		TION						
		/hr **OR ** 02 D5 1/2 NS + 20 r	nEa KCIII at 75 ml thr					
 Day 1: IV TKVO if dr 	inking well (1,200 t	to 1,500 mL/24 hours)	med Kon r at Time the the					
 Day 2: Saline lock IV 								
	•	•						
			•					
ale (dd/mm/yyyy)	Time	Prescriber's Signature	Printed Name or College ID#					
Day of surgery	1600	UDY	01234					



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

Αd	duit Post-Operative Order Set	
Bu	ulleted orders are initiated by default, unless crossed out a	nd initialed by the physician / prescriber. Boxed orders (□) require physician / prescriber check mark (☑) to be initialed.
8.	MEDICATIONS NO non-steroidal anti-inflammatory otherwise specified by MRP) NO Suppositories Stop Angiotensin-Converting Enzyl then MRP to reassess tamsulosin 0.4 mg PO DAILY For patient being followed by Actor antacid 10 to 30 mL PO Q1H pantoprazole 40 mg PO DAIL magnesium hydroxide laxat metoclopramide 10 mg IV Q1H onderseron 4 mg PO/IV Q1H onderseron 4 mg PO/IV Q1H onderseron 4 mg PO/IV Q1H onderseron 3.75 to 7.5 mg PO pantoprazole 40 mg PO DAIL acetaminophen 325 to 650 mm Tylenol® #3 1 to 2 TABS PO HYDROmorphone 2 to 4 mg HYDROmorphone 1 to 2 mg HYDROmorphone 0.1 to 0.5 morphine 5 to 10 mg PO Q4 morphine 5 to 10 mg PO Q4 morphine 1 to 4 mg IV Q1H magnesium hydroxide laxat	drugs (NSAIDs) to be administered for the duration of hospital admission (unless me (ACE) inhibitors and Angiotensin II Receptor Blockers (ARBs) × 24 hours, ute Pain Service – See Acute Pain Service (APS) Orders PRN for gastric reflux Y × 48 hours, then MRP to reassess ve (Magnolax®) 30 mL PO BID to start Day 2 (hold if diarrhea) BH × 24 hours, then Q8H PRN by Acute Pain Service H × 24 hours, then Q6H PRN for nausea ng PO/IV Q4H PRN for nausea PRN for gastric reflux HS PRN for sleep Y × 48 hours, then MRP to reassess ng PO Q4H PRN for pain Q4H PRN for pain (max 4,000 mg acetaminophen/24 hours) PO Q4H PRN for pain subcutaneously Q4H PRN for pain H PRN for pain taneously Q4H PRN for pain
9.	authority request form (28 day	mboprophylaxis atient teaching and Pharmacare low molecular weight heparin (LMWH) special