

UMC Health System

Patient Label Here

ERAS SURGERY POST-OP PLAN EKM
- Phase: ERAS Plan - When Patient Arrives
To Room

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vital Signs

Per Unit Standards
 q8h

q4h
 q12h

Patient Activity

T;N, Out of Bed, QID, ERAS Patient, Mobilization QID POD1 and POD2

Patient Activity

T;N, Bed Position: HOB Greater Than or Equal to 30 degrees

Patient Activity

T;N, Up in Chair, With Meals

Notify Nurse (DO NOT USE FOR MEDS)

T;N, Patient must ambulate on evening of surgery (POD0)

Strict Intake and Output

Per Unit Standards
 q2h
 q12h

q1h
 q4h

Instruct to Turn, Cough, & Deep Breath (Instruct Patient to TCDB)

q1h | While Awake

Discontinue Peripheral Line (Discontinue IV)

As soon as patient is tolerating PO

Urinary Catheter Care

Discontinue Urinary Catheter

DC Foley, After 4 hours of adequate urine output documented (greater than 100 mL) unless a bladder injury occurred then the catheter should stay in

Wound Care by Bedside Nursing

Maintain Gastric Tube

Maintain Surgical Drain

Communication

For Colorectal patients, provider should only place patient on 3 East.

Notify Provider (Misc)

T;N, Reason: For ERAS patient - if pain not controlled with current ordered medications, attending must be contacted for any additional pain medications

Notify Provider/Primary Team of Pt Admit

Upon Arrival to Floor/Unit

Notify Provider of VS Parameters (Notify Provider if VS)

Notify Nurse (DO NOT USE FOR MEDS)

T;N, Okay for the patient to chew gum 2-3 times a day while awake starting on POD 0.

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ORDER	ORDER DETAILS
	<p>traMADol</p> <p><input type="checkbox"/> 100 mg, PO, tab, q6h Start at 0600 the day following surgery. Use this order for:</p> <p>Patients UNDER 65 years of age with:</p> <ol style="list-style-type: none"> 1. No hepatic impairment up to moderate hepatic impairment 2. No history of renal impairment <p><input type="checkbox"/> 100 mg, PO, tab, q12h Start at 0600 the day following surgery. Use this order for patients 65 years of age and older OR patients WITH CrCl LESS than 30 mL/min</p> <p><input type="checkbox"/> 50 mg, PO, tab, q12h Start at 0600 the day following surgery. Use this order For patients WITH severe hepatic impairment</p>
	<p>If intrathecal analgesia was given, oxycodone will be timed to start 24 hours following intrathecal analgesia administration.</p> <p>May select both oxyCODONE orders if needed.</p> <p>For Moderate Pain</p> <p>oxyCODONE</p> <p><input type="checkbox"/> 5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If intrathecal analgesia was given, wait until 24 hours following intrathecal analgesia administration to start oxycodone order.</p>
	<p>For Severe Pain</p> <p>oxyCODONE</p> <p><input type="checkbox"/> 10 mg, PO, tab, q4h, PRN pain-severe (scale 7-10) If intrathecal analgesia was given, wait until 24 hours following intrathecal analgesia administration to start oxycodone order.</p>
	<p>BUILD NOTE: This is a Dynamic Plan. The NSAID Regimen orders and notes will flex out based on age and weight of patient. If no weight is entered, all sentences and notes will be viewable. This build note will not be visible when ordering in PowerChart</p> <p>NSAID Regimen -- Select both ketorolac and ibuprofen if patient can tolerate.</p> <p>ketorolac</p> <p><input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 4 dose Start no sooner than 6 hours following last intraoperative dose.</p> <p><input type="checkbox"/> 10 mg, PO, tab, q6h, x 4 dose Start no sooner than 6 hours following last intraoperative dose.</p>
	<p>For patients under 50 kilograms select ibuprofen 200 mg po every 6 hours.</p> <p>For patients 65 years of age or older and over 50 kilograms select ibuprofen 400 mg po every 6 hours.</p> <p>For patients under 65 years of age and 50 to 80 kilograms select ibuprofen 600 mg po every 6 hours.</p> <p>For patients under 65 years of age and greater than 80 kilograms select ibuprofen 800 mg po every 6 hours.</p>

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	ibuprofen <input type="checkbox"/> 200 mg, PO, tab, q6h Start 6 hours following last ketorolac dose. <input type="checkbox"/> 400 mg, PO, tab, q6h Start 6 hours following last ketorolac dose. <input type="checkbox"/> 600 mg, PO, tab, q6h Start 6 hours following last ketorolac dose. <input type="checkbox"/> 800 mg, PO, tab, q6h Start 6 hours following last ketorolac dose.
Laboratory	
	CBC <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	CBC
	CBC with Differential
	Basic Metabolic Panel
	Basic Metabolic Panel <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	Comprehensive Metabolic Panel (CMP)
	Hemoglobin and Hematocrit
Respiratory	
	Respiratory Care Plan Guidelines
	Oxygen (O2) Therapy
...Additional Orders	

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- Phase: ERAS Post Op Plan - PACU Phase

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ORDER	ORDER DETAILS
	Patient Care
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities
	Communication
	Notify Provider of VS Parameters
	Dietary
	Oral Diet <input type="checkbox"/> Clear Liquid Diet, Patient may have clear liquids as soon as patient is awake
	Laboratory
	CBC <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	Hemoglobin and Hematocrit <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	POC Hemoglobin and Hematocrit
	Basic Metabolic Panel <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	POC Chem 8
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No

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ERAS SURGERY POST-OP PLAN EKM
- Phase: VTE PROPHYLAXIS PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	VTE Guidelines <input type="checkbox"/> See Reference Text for Guidelines
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated Contraindications VTE <input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Anticipated procedure within 24 hours <input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Other anticoagulant ordered <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities <input type="checkbox"/> Apply to Right Lower Extremity (RLE) <input type="checkbox"/> Apply to Left Lower Extremity (LLE)
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing
	VTE Prophylaxis: Non-Trauma Dosing enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	rivaroxaban <input type="checkbox"/> 10 mg, PO, tab, In PM
	warfarin <input type="checkbox"/> 5 mg, PO, tab, In PM
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 325 mg, PO, tab, Daily
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min

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ORDER	ORDER DETAILS
	fondaparinux <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min

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ERAS SURGERY POST-OP PLAN EKM
 - Phase: SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS										
Patient Care											
<p>POC Blood Sugar Check</p> <table border="0"> <tr> <td><input type="checkbox"/> Per Sliding Scale Insulin Frequency</td> <td><input type="checkbox"/> AC & HS</td> </tr> <tr> <td><input type="checkbox"/> AC & HS 3 days</td> <td><input type="checkbox"/> TID</td> </tr> <tr> <td><input type="checkbox"/> BID</td> <td><input type="checkbox"/> q12h</td> </tr> <tr> <td><input type="checkbox"/> q6h</td> <td><input type="checkbox"/> q6h 24 hr</td> </tr> <tr> <td><input type="checkbox"/> q4h</td> <td></td> </tr> </table>		<input type="checkbox"/> Per Sliding Scale Insulin Frequency	<input type="checkbox"/> AC & HS	<input type="checkbox"/> AC & HS 3 days	<input type="checkbox"/> TID	<input type="checkbox"/> BID	<input type="checkbox"/> q12h	<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr	<input type="checkbox"/> q4h	
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<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr										
<input type="checkbox"/> q4h											
<p>Sliding Scale Insulin Regular Guidelines</p> <input type="checkbox"/> Follow SSI Regular Reference Text											
Medications											
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>											
<p>insulin regular (Low Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>											

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ORDER	ORDER DETAILS
	<p>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p>Continued on next page....</p>

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	<p>insulin regular (High Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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ORDER	ORDER DETAILS
	<input type="checkbox"/> 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
	insulin regular (Blank Insulin Sliding Scale) <input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than ____mg/dL , initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - ____ units 151-200 mg/dL - ____ units subcut 201-250 mg/dL - ____ units subcut 251-300 mg/dL - ____ units subcut 301-350 mg/dL - ____ units subcut 351-400 mg/dL - ____ units subcut If blood glucose is greater than 400 mg/dL, administer ____ units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat ____ units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
HYPOglycemia Guidelines	
	HYPOglycemia Guidelines <input type="checkbox"/> ***See Reference Text***
	glucose <input type="checkbox"/> 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. Continued on next page....

TO Read Back

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Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

ERAS SURGERY POST-OP PLAN EKM
- Phase: SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>glucose (D50) <input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.</p>
	<p>glucagon <input type="checkbox"/> 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

