

ANESTHESIA			SURGERY	NURSING	PATIENT	
DAYS B4	PREPARE	Phone Consult or Appointment	Enter pre-op orders		Enroll in MyChart	
		Deliver instructions via MyChart or mail.	Patient Education in Clinic		Prehabilitation: Follow Exercise program in patient instructions	
			Stoma marking if applicable		Visit ERAS website for information	
DOS. PRE-OP	MEDICATIONS	Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr		Please complete Pre-Op RN checklist 45 minutes prior to OR start time, then Green Light. Apply Warming Blanket to patient. Teach IS. IV Placed. Crystalloid started at 30ml/hr. Gabapentin 600, APAP 1000, Diclofenac given once with water (<100ml). Antiemetics may also be ordered.	Nothing by mouth for eight hours before surgery except for a Boost Breeze completed 2 hours before coming to hospital. Risks of surgery and anesthesia will be discussed. You will sign a consent for the procedure, and discuss the possibility of receiving blood products. If there is any chance you might be pregnant, please discuss with surgery and anesthesia	
		ANALGESICS	Gabapentin			600mg once
		Acetaminophen	1000mg once			
		Diclofenac (if eGFR>60)	100mg once			
PONV	Scopolamine	1.5mg TD once				
REGIONAL	30 minutes before start time, complete anesthesia assessment, go to Block Room, and place Thoracic Epidural placed at T8-10		Consent checked, Site Marking, and 24-hr H&P completed 40 minutes before OR start time.			
INTRA-OP	SCIP-VTE	Heparin 5000units SQ X 1 after epidural placement				
		Orogastric tube to low intermittent suction.				
		Fluids: NTE 2L unless EBL>300ml,				
	SCIP-10	Patient temperature must not drop below 36.0 C.				
	SCIP-Inf-1,2	Antibiotic: Ertapenem	1 gram IV x 1			
	MEDS	Opioid of Choice: Hydromorphone or Morphine. Titrate to RR 12bpm at time of extubation.				
		If Opioid-Tolerant, continue their opioid regimen intra-op. Start ketamine load and infusion. 0.2 mg/kg x 1. Then 2 mcg/kg/min.				
		PONV	Dexamethasone			4mg IV x 1 after induction
		Metoclopramide 10mg IV X 1. Unless contraindicated.				
	REGIONAL	Ondansetron	4mg IV x 1			
OR	Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr					
Bilateral TAP Block. 20ml of Ropi 0.2%. Done prior to prep & drape.						
PACU	MEDICATION	Order opioid of Choice: Hydromorphone or Morphine. May start PCA.		Hydromorphone or Morphine IV PRN Titrate to RR 10bpm		
		Order Antiemetics				
	REGIONAL	Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr		Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr		
			Order Postop Colorectal Surgery Orderset			
			Choose Famotidine (if GERD or steroids)			
			Choose Toradol if appropriate			

FLOOR/ICU POD 0	MEDICATIONS	Gabapentin	600mg PO QHS		Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,	Out of bed 6 hours after surgery
		Acetaminophen	1000mg IV q6H		Out of bed 6 hours after surgery with assistance of Nursing	Incentive Spirometry x10 q 1H
		Toradol (if eGFR>60)	15mg IV q6H		Encourage Incentive Spirometry x10 q 1H	Limited Clears (<500 ml per shift)
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.			Foley Catheter to gravity.	Gum Chewing encouraged
		PCA HM 0.2/10/0 or Oxycodone PRN			DVT Proph: Heparin 5kU SQ TID	
	REGI ONAL	Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr				
FLOOR/ICU POD 1	MEDICATIONS	Gabapentin	600mg PO QHS	Evaluate IV Fluids and avoid hypervolemia	Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,	Walking 5 times a day. At least first time with nurse.
		Acetaminophen	1000mg IV/PO q6H	Labs: CBC, Cr, BUN	Ambulation: OOB to chair (3hrs) BID Ambulation 5 x per day	Incentive Spirometry x10 q 1H
		Toradol OR Diclofenac (eGFR)	15mg IV q6H 50mg PO TID	Advance diet to unlimited clears if tolerated and reg food later if doing well	Encourage Incentive Spirometry x10 q 1H	Unlimited Clears or Low residue diet
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min and maintain daily opioid req.		Address Foley removal either today o POD 4 (if pelvic dissection)	Remove Foley Catheter in AM	Gum Chewing OK
		PCA HM 0.2/10/0 or Oxycodone PRN		Address steroid taper if appropriate	DVT Proph: Heparin 5000U SQ TID	
	REGI ONAL	Thoracic Epidural 0.0625% Ropi + Fentanyl 2 mcg/ml @ 8 ml/hr			Unlimited clears or soft Diet. Gum chewing ok.	
FLOOR/ICU POD 2	MEDICATIONS	Gabapentin	600mg PO QHS	Evaluate IV Fluids and avoid hypervolemia	Vital Signs q 4H, I&O shift, weight daily, surgical incision care abdomen,	Walking 5 times a day.
		Acetaminophen	1000mg IV/PO q6H	Labs: CBC, Cr, BUN	Ambulation: OOB to chair (3hrs) BID Ambulation 5 x per day	Incentive Spirometry x15 q 1H
		Toradol OR Diclofenac (eGFR)	15mg IV q6H 50mg PO TID	Regular diet /Low residue for new ileostomies or newly working ileoanals	Encourage Incentive Spirometry x10 q 1H	Regular diet / Low residue diet
		If Opioid-Tolerant, continue ketamine infusion 2 mcg/kg/min		Nutrition Consultation for new ileostomies or new working ileoanal anastomosis		
		If Opioid-Tolerant, continue their daily opioid requirement.		Hold 6AM Heparin dose	DVT Proph: Heparin 5000U SQ TID	
	REGI ONAL	STOP epidural infusion at 6AM. Catheter to be removed at 8AM.		Address steroid taper if appropriate	Regular diet / Low residue diet	