

**Titles:****GYNECOLOGY/ONCOLOGY SURGERY PRE-OP: ENHANCED RECOVERY AFTER SURGERY (ERAS) ORDERS****General**

Patient Identification Box

Date

Time

Weight (kg)

Height (cm)

Body Surface Area (m²):

Body Mass Index

Patient Allergies: ☐ No ☐ Unknown ☐ Yes, specify _Including reaction detail? _____**Allergies**☐ None known☐ List: _____**Consults**☐ Internal Medicine Reason: _____☐ Anesthesiology Reason: _____☐ Enterostomal Therapy Nurse (stoma marking) Reason: _____☐ Dietitian Reason: _____☐ Other _____☐ Endocrinology - if AIC greater than 8.5 mmol/L, consult Endocrinology; fax referral to**Testing/Laboratory**

Pre-transfusion testing

☐ Type and Screen**Day Surgery Labs**☐ Day Surgery to perform POCT Urine Pregnancy Testing as per policy.

Lab Investigations

☐ CBC☐ Na, K, Cl, CO₂☐ Creatinine☐ Calcium☐ Magnesium☐ Phosphate☐ Total protein albumin☐ AST☐ ALT☐ GGT☐ Bilirubin☐ LDH☐ Alk Phos☐ Glucose (fasting)☐ Glucose (random)☐ aPTT☐ INR☐ BHCG – pregnancy



☐ Additional Labs: _____

If applicable:

☐ BHCG – tumor
marker

☐ CA 125

☐ Ca 19-9

☐ CEA

☐ CA15-3 ☐
AFP

Diagnos

Pre-operative Investigations

☐ X-ray Chest 2 views Reason: Pre-operative Query: _____

☐ 12 Lead ECG

☐ 2D Echo Reason: _____ Query: _____

☐ Full Pulmonary Function Testing Reason _____ Query: _____

☐ _____

☐ Advise patient to hold aspirin, clopidogrel (Plavix®) and NSAID medications (including methotrexate) for 7 days before surgery

Unless otherwise indicated:

☐ Hold dabigatran

☐ 3 days preop if Creatinine clearance 30 – 49mL/min

☐ 4 days preop if Creatinine clearance 30 – 50 mL/min

☐ 5 days preop if Creatinine clearance less than 30 mL/min

☐ Hold rivaroxaban

☐ 2 days preop if Creatinine clearance greater than 30 mL/min

☐ 3 days preop if Creatinine clearance less than 30 mL/min

☐ Hold apixaban

☐ 2 days preop if Creatinine clearance greater than 50 mL/min

☐ 3 days preop if Creatinine clearance less than 50 mL/min

☐ Hold warfarin 5 days preop

Fasting and Bowel Prep (TBCC/PAC education)

☐ ERAS standard-no bowel prep used

☐ May have light snack up to 8 hours prior to surgery. May drink clear fluids up to 3 hours prior to surgery.

☐ Instruct the patient to drink carbohydrate rich drink to be finished 3 hours before OR time.

OR:



Instruct patient to have a carbohydrate-rich meal evening before surgery.

Also suggest keeping some other options or at least a blank checkbox to allow flexibility

☐ Antibiotic bowel preparation –

☐ Ciprofloxacin 500 mg po 6pm and 10 pm night before surgery, and take final dose 6 am day of surgery

☐ Metronidazole 500 mg po 6pm and 10 pm night before surgery, and take final dose 6 am day of surgery

DAY OF SURGERY

ACTIVITY: Pre-op warming (e.g. BAIR PAWS, BAIR hugger, Warm blankets)

GENERAL ORDERS

Laboratory Test Day of Surgery (preoperative)

☐ Urine Pregnancy Test

☐ Serum Pregnancy Test

☐ Type and Screen

☐ Other _____

Pre-Operative Medications

☐ Acetaminophen tab 975 - 1000 mg PO once, on arrival to Day Surgery Unit
(975 mg as 325 mg might be wardstock in day surgery)

☐ Aprepitant cap 80 mg PO once, on arrival to Day Surgery Unit

Communication to Medical Staff: Select at least 3 out of 4 to order:

☐ Female gender ☐ History of PONV or motion sickness ☐ Non-smoker ☐ Post-operative use of opioids and patient has a history of being refractory to other antiemetic treatments or combination antiemetic therapy used for PONV.

☐ Other medication instruction: _____

Antibiotics and VTE prophylaxis to be ordered by Surgeon in OR theater as part of Safe Surgery Checklist Briefing.

Prescriber's signature _____ Prescriber's name: _____

Administer the regular analgesia to the patient on the morning of the operation as prescribed.

Home medications to take during the pre-operative period

MEDICATION

Antibiotics



IV antibiotic to be administered in pre-operative area/OR:

Patient weight: _____ kg

☐ ceFAZolin 1 g IV (if weight less than 80 kg) ***OR***

☐ ceFAZolin 2 g IV (if weight 80 kg to 119 kg) ***OR***

☐ ceFAZolin 3 g IV (if weight 120 kg or greater)

Re-dose ceFAZolin 1 g IV q3H if surgery is greater than 3 hours or if blood loss is greater than 1500 mL

Re-dose ceFAZolin 2g IV q4h (q3h with cardiopulmonary bypass)

OR, if patient has ceFAZolin allergy or severe non-igE mediated reaction to any beta lactam: gentamicin (1.5 mg/kg) IV once pre-operatively AND clindamycin 600 mg IV once pre-operatively

***IF transvaginal procedure AND bacterial vaginosis is suspected, ADD**

☐ metroNIDAZOLE 500 mg IV

OR if significant penicillin / cephalosporin allergy (e.g. anaphylaxis)

☐ clindamycin 900 mg IV

AND

Choose one:

☐ tobramycin 5 mg/kg _____mg IV (max: 500 mg; round to nearest 20 mg) ***OR***

☐ ciprofloxacin 400 mg IV (if significant renal dysfunction)

Intravenous

☐ Lactated Ringers IV at 125 mL/h

Venous Thromboembolism (VTE) Prophylaxis

☐ Antiembolism stockings

☐ Intermittent Pneumatic Compression prior to induction of anesthesia

☐ heparin 5000 units subcut x 1 dose to be administered by the Anesthesiologist at start of case if applicable. Alternate dosing to be discussed with anesthesiologist.

☐ No VTE prophylaxis (document reason): _____

Signature

Permit Number

Date

Hour