

	SURGICAL CLINIC	PETC/ DAY P/T SURGERY	DAY OF SURGERY SAS, OR, & PACU	DAY OF SURGERY ACUTE CARE FLOOR	POD #1	POD #2
Assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Identify pt as ERAS Ortho – create episode in EPIC <input type="checkbox"/> Vital signs, baseline height/wt <input type="checkbox"/> Screen for OSA <input type="checkbox"/> Screen for diabetes <input type="checkbox"/> Assess for tobacco and alcohol use <input type="checkbox"/> Screen for CAD/CKD <input type="checkbox"/> Instructions for home medications 	<ul style="list-style-type: none"> <input type="checkbox"/> Link PETC visit to ERAS episode <input type="checkbox"/> Stratify cardiac risk <input type="checkbox"/> Screen for OSA <input type="checkbox"/> Identify patient with positive antibody screen <input type="checkbox"/> Review home medications <li style="text-align: center;">- - - - -Phone screening and readiness assessment by ERAS nurses 	<ul style="list-style-type: none"> <input type="checkbox"/> Link SAS visit to ERAS episode <input type="checkbox"/> Vital signs <input type="checkbox"/> Height and weight <input type="checkbox"/> Review/verify home medications <li style="text-align: center;">- - - - <input type="checkbox"/> OR check in to confirm name, surgery type, etc <input type="checkbox"/> Assess for intraop VTE prophylaxis plan and intraoperative pain management <li style="text-align: center;">- - - - <input type="checkbox"/> Vital signs and monitoring per PACU protocol <input type="checkbox"/> Assess for aspiration risk (cognitive dysfunction, prior stroke, age >80) 	<ul style="list-style-type: none"> <input type="checkbox"/> VS q2h x2, then q4h <input type="checkbox"/> NV ck q1h x 4, then q2h x2, then q4h <input type="checkbox"/> Pain assessment per UVa Pain Policy <input type="checkbox"/> OSA risk assessment and monitoring per guidelines. <input type="checkbox"/> Notify LIP if hemovac drainage >200cc in 3 hr <input type="checkbox"/> Dressing check with VS; reinforce PRN <input type="checkbox"/> I & O q 4 hours; notify LIP if UOP <30cc/hr <input type="checkbox"/> Assess Fall and Braden scores <input type="checkbox"/> Postoperative Monitoring (as required per Medical Center policy) 	<ul style="list-style-type: none"> <input type="checkbox"/> VS, O2 SAT, NV CK Q4H <input type="checkbox"/> Pain assessment per UVa Pain Policy <input type="checkbox"/> OSA monitoring per guidelines. <input type="checkbox"/> Observe for s/s of PE, bleeding and infection. <input type="checkbox"/> Hemovac to self-suction <input type="checkbox"/> Dressing check with VS; reinforce PRN <input type="checkbox"/> I & O q4 hours; notify LIP if UOP <30cc/hr <input type="checkbox"/> Assess Fall and Braden scores 	<ul style="list-style-type: none"> <input type="checkbox"/> VS, o2 Sat, NV ck q8h <input type="checkbox"/> Pain assessment per UVa Pain Policy <input type="checkbox"/> OSA monitoring per guidelines. <input type="checkbox"/> Dressing check with VS <input type="checkbox"/> I & O q 4 hours; notify LIP if UOP <30cc/hr <input type="checkbox"/> Assess Fall and Braden scores
Consults & Referrals	<ul style="list-style-type: none"> <input type="checkbox"/> Referral for sleep study if necessary <input type="checkbox"/> Refer for Cardiology consult if necessary 	<ul style="list-style-type: none"> <input type="checkbox"/> Cardiology consult, if necessary 	<ul style="list-style-type: none"> <input type="checkbox"/> APS for spinal as needed <input type="checkbox"/> Notify cardiology if pt has pacemaker 	<ul style="list-style-type: none"> <input type="checkbox"/> PT <input type="checkbox"/> Social Work <input type="checkbox"/> RT for pt. with CPAP <input type="checkbox"/> APS/ERAS Pain service <input type="checkbox"/> Chronic pain service PRN 	<ul style="list-style-type: none"> <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Social work <input type="checkbox"/> ERAS pain service as needed <input type="checkbox"/> Chronic pain service PRN 	<ul style="list-style-type: none"> <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Social Work <input type="checkbox"/> Chronic pain service PRN
Tests & Orders	<ul style="list-style-type: none"> <input type="checkbox"/> Use "ORTHO ERAS HIP KNEE RECONSTRUCTION PREOP" orderset to place PETC orders for: <input type="checkbox"/> EKG (M>50, F>60) <input type="checkbox"/> HgB A1c if diabetic 	<ul style="list-style-type: none"> <input type="checkbox"/> EKG (M>50, F>60) <input type="checkbox"/> HgB A1c if diabetic 	<ul style="list-style-type: none"> <input type="checkbox"/> Type and hold (0 units) if not done/expired 	<ul style="list-style-type: none"> <input type="checkbox"/> Use "ORTHO ERAS ORTHOPEDIC ADULT RECONSTRUCTION – HIP OR KNEE POSTOP UVA" orderset for postop orders 	<ul style="list-style-type: none"> <input type="checkbox"/> CBC and PLT <input type="checkbox"/> BMP <input type="checkbox"/> PT/INR (if on Coumadin) <input type="checkbox"/> Bladder scan if patient not voided, per Foley catheter panel. 	<ul style="list-style-type: none"> <input type="checkbox"/> HGB & HCT (as necessary) <input type="checkbox"/> PT/INR (if on Coumadin) <input type="checkbox"/> PLT (if on Lovenox)

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Activities	<ul style="list-style-type: none"> <input type="checkbox"/> Give Chlorohexidine (CHG) scrub and instructions for use the night before and morning of surgery 	<ul style="list-style-type: none"> <input type="checkbox"/> CHG shower night before and morning of surgery 	<ul style="list-style-type: none"> <input type="checkbox"/> Confirm CHG shower morning of surgery 	<ul style="list-style-type: none"> <input type="checkbox"/> Trapeze <input type="checkbox"/> Bedside commode <input type="checkbox"/> Ambulate with assistance within 6 hrs of arrival to unit <input type="checkbox"/> TCDB <input type="checkbox"/> Encourage IS Q1H <input type="checkbox"/> Foot Pumps/SCD'S <input type="checkbox"/> CPAP if indicated <input type="checkbox"/> <u>Hip:</u> <ul style="list-style-type: none"> Ice pack Total hip precautions: No Hyperextension and Keep Knees apart <input type="checkbox"/> <u>Knee:</u> <ul style="list-style-type: none"> Cryotherapy No pillows under knee Knee Immobilizer (until return of quad functioning) 	<ul style="list-style-type: none"> <input type="checkbox"/> OOB BID for meals <input type="checkbox"/> Ambulation goal 3x on POD1 <input type="checkbox"/> TCDB <input type="checkbox"/> Encourage IS Q1H <input type="checkbox"/> Foot Pumps <input type="checkbox"/> CPAP if indicated <input type="checkbox"/> <u>Hip:</u> <ul style="list-style-type: none"> Ice pack Total hip precautions: No Hyperextension and Keep Knees apart <input type="checkbox"/> <u>Knee:</u> <ul style="list-style-type: none"> Cryotherapy No pillows under knee Knee Immobilizer (until return of quad functioning) 	<ul style="list-style-type: none"> <input type="checkbox"/> OOB in AM for self-care <input type="checkbox"/> OOB BID for meals <input type="checkbox"/> Ambulate in room/hall; exercise with supervision <input type="checkbox"/> Ambulate up/down stairs as tolerated <input type="checkbox"/> TCDB <input type="checkbox"/> Encourage IS Q1H <input type="checkbox"/> Foot Pumps <input type="checkbox"/> CPAP if indicated <input type="checkbox"/> <u>Hip:</u> <ul style="list-style-type: none"> Ice pack Total hip precautions: No Hyperextension and Keep Knees apart <input type="checkbox"/> <u>Knee:</u> <ul style="list-style-type: none"> Cryotherapy No pillows under knee Knee Immobilizer (until return of quad functioning)
Medications	<ul style="list-style-type: none"> <input type="checkbox"/> Use Antithrombotic Therapy Perioperative Management Algorithm to make appropriate preoperative recommendations <input type="checkbox"/> Place SAS orders: <ul style="list-style-type: none"> -Acetaminophen 975 mg PO -Gabapentin 600 mg PO -Celecoxib 200 mg PO (NOT for pts with CAD/CKD or GFR<60) -Ancef 2g/3g and Vanc 1g on call to OR 	<ul style="list-style-type: none"> <input type="checkbox"/> Preop instructions for diabetic patients and for pts on anticoagulation therapy - See list of PETC-specific medication instructions 	<ul style="list-style-type: none"> <input type="checkbox"/> Insert IV and saline lock <input type="checkbox"/> Administer: <ul style="list-style-type: none"> -Acetaminophen -Gabapentin -Celecoxib <input type="checkbox"/> 1g vanc given prior to OR transfer <ul style="list-style-type: none"> ----- <input type="checkbox"/> Place spinal in SAS/OR – Hyperbaric bupivacaine (no narcotic). <input type="checkbox"/> Antibiotics - Ancef 2g or 3g - in OR within 30min of incision <ul style="list-style-type: none"> <input type="checkbox"/> 8-10mg dexamethsone <input type="checkbox"/> No additional intraoperative opioids without attending approval <ul style="list-style-type: none"> ----- <input type="checkbox"/> Ketamine 20/40mg IV bolus with midazolam 0.5mg IV PRN for pain <input type="checkbox"/> Zofran, Phenergan and Inapsine for PRN PONV 	<ul style="list-style-type: none"> <input type="checkbox"/> Post-op IVF 100mL/hr <input type="checkbox"/> Resume maintenance meds per orders <input type="checkbox"/> DVT prophylaxis/anticoagulation per guideline <input type="checkbox"/> Prophylactic antibiotics administered within 24 hours as ordered by MD <input type="checkbox"/> Start on ORAL analgesics: <ul style="list-style-type: none"> - Acetaminophen 975 mg PO q6 - Celecoxib 100 mg PO BID (NOT for pts with CAD/CKD or GFR<60) - Gabapentin (age based dosing) 100mg or 300 PO BID - Oxycodone (age based dosing) 5mg scheduled +/- 5mg available PRN for PT/OOB activity <p>**No additional opioids, no PCA (without LIP's approval)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> IVF to saline lock <input type="checkbox"/> Continue ORAL analgesics <input type="checkbox"/> DVT prophylaxis/anticoagulation per guideline <input type="checkbox"/> I & O q4h <input type="checkbox"/> Bowel regimen as needed <ul style="list-style-type: none"> Senna nightly Colace nightly <p style="text-align: center;">-----</p>	<ul style="list-style-type: none"> <input type="checkbox"/> PO analgesics <input type="checkbox"/> DVT Prophylaxis/ anticoagulation per guideline <input type="checkbox"/> Bowel regimen <ul style="list-style-type: none"> Senna nightly Colace nightly <p style="text-align: center;">-----</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge medications include acetaminophen 325mg PO TID, oxycodone 5mg PO Q4 PRN, and celecoxib 100mg PO BID. <input type="checkbox"/> Discharge medication preauthorization performed upon admission using CoverMyMeds and Meds-to-Beds.

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Treatments					<input type="checkbox"/> Hemovac placed in O.R.		<input type="checkbox"/> Pressure dressing on and intact		<input type="checkbox"/> Pressure dressing on and intact. Reinforce PRN. Change dressing PRN when dressing 75% saturated. <input type="checkbox"/> Incision assessment by MD <input type="checkbox"/> DC hemovac by MD <input type="checkbox"/> DC IV saline lock		<input type="checkbox"/> Reinforce dressing PRN <input type="checkbox"/> DC IV saline lock (if not already)
Nutrition	<input type="checkbox"/> Instruct pt on clear fluids/Gatorade up to 2 hours prior to surgery		<input type="checkbox"/> Reinforce pt use of clear fluids/Gatorade up to 2 hours prior to surgery		<input type="checkbox"/> Confirm clear fluids/ Gatorade 2 hours before surgery - - - - <input type="checkbox"/> Clear liquids as tolerated in PACU		<input type="checkbox"/> Advance to pre-surgery diet as tolerated		<input type="checkbox"/> Pre-surgery diet as tolerated		<input type="checkbox"/> Pre-surgery diet as tolerated
General education & Discharge planning	<input type="checkbox"/> Provide patient with ERAS handbook27 <input type="checkbox"/> Go over ERAS instructions and preparation for surgery – smoking cessation, Gatorade consumption, postop mobility, avoidance of narcotics, etc <input type="checkbox"/> Begin discharge planning and social work preparation						<input type="checkbox"/> Begin education on anticoagulation measures. <input type="checkbox"/> Instruct patient/family on: IS use, family waiting, anticoagulation therapy, foot pumps, Cooling therapy, and CPAP and/or monitoring (if indicated) <input type="checkbox"/> Documentation of anticipated discharge date <input type="checkbox"/> <u>Hip:</u> review hip precautions <input type="checkbox"/> <u>Knee:</u> Review no pillow under knee, only under ankle.		<input type="checkbox"/> Review discharge plan with interdisciplinary team <input type="checkbox"/> Initiate/Complete interagency transfer if discharge planned to facility. <input type="checkbox"/> Initiate/Complete Home health referral PRN <input type="checkbox"/> Review post op exercises <input type="checkbox"/> Review patient education plan <input type="checkbox"/> Review CPAP plan for discharge (if OSA) <input type="checkbox"/> Review/finalize discharge instructions with patient and family <input type="checkbox"/> <u>Complete disposition (hips)</u> -Transfer to rehab - discharge to home - discharge to SNF		

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Outcomes	<input type="checkbox"/> Preop assessment initiated				<input type="checkbox"/> Fluid and electrolyte balance maintained <input type="checkbox"/> Pain management is effective <input type="checkbox"/> Patient demonstrated hemodynamic stability <input type="checkbox"/> Patient is ready for surgery		<input type="checkbox"/> Appropriate referrals completed <input type="checkbox"/> Hemodynamic stability <input type="checkbox"/> Neurovascular stability <input type="checkbox"/> Early detection of respiratory compromise in OSA/at risk patients <input type="checkbox"/> DVT prophylaxis indicated <input type="checkbox"/> Pain score meets patient goal (compare with preop Pain Goal) <input type="checkbox"/> Achieves positioning and activity goals <input type="checkbox"/> Documentation of admission complete <input type="checkbox"/> Mark orders as complete in EPIC for oncoming shift.		<input type="checkbox"/> Hemodynamic stability <input type="checkbox"/> Neurovascular stability <input type="checkbox"/> Oral analgesic transition complete <input type="checkbox"/> DVT prophylaxis indicated <input type="checkbox"/> Patient satisfied with pain level <input type="checkbox"/> Discharge planning initiated/complete <input type="checkbox"/> Planned DC date identified. <input type="checkbox"/> Achieves positioning and activity goals <input type="checkbox"/> Patient with planned dc date of POD#2 educated regarding discharge plan and instructed to have transportation available at 0900. <input type="checkbox"/> Mark orders as complete in EPIC for oncoming shift. <input type="checkbox"/> Discharge to SNF or home by 1200.		Same as POD#1

ALTERNATIVE PATHWAY OR PLAN OF CARE INITIATED FOR THIS PATIENT ON: DATE _____ INITIALS _____

Guidelines are general and cannot take into account all of the circumstances of a particular patient. Judgment regarding the propriety of using any specific procedure or guideline with a particular patient remains with that patient's physician, nurse, or other health care professional, taking into account the individual circumstances presented by the patient.