



**GYNECOLOGY/ONCOLOGY SURGERY PRE-OPERATIVE:
ENHANCED RECOVERY AFTER SURGERY (ERAS®) ORDERS**

PATIENT IDENTIFICATION

These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contra-indications must be considered when completing these orders.

Date		Time		Weight (kg)	
Height (cm)		Body Surface Area (m²)		Body Mass Index	
Patient Allergies	<input type="checkbox"/> No		<input type="checkbox"/> Unknown		
	<input type="checkbox"/> Yes, specify				
Consults	<input type="checkbox"/> Anesthesiology		Reason:		
	<input type="checkbox"/> Dietitian				
	<input type="checkbox"/> Endocrinology - if A1C greater than 8.5 mmol/L				
	<input type="checkbox"/> Enterostomal Therapy Nurse (stoma marking)			Reason:	
	<input type="checkbox"/> Geriatric Oncology				
	<input type="checkbox"/> Hematology/Thrombosis Clinic				
	<input type="checkbox"/> Internal Medicine				
	<input type="checkbox"/> Other, specify				

PRE-OPERATIVE BLOOD WORK

<input type="checkbox"/> Day Surgery to perform POCT Urine Pregnancy Testing as per policy.					
Lab Investigations	<input type="checkbox"/> CBC	<input type="checkbox"/> Na, K, Cl, CO2	<input type="checkbox"/> Creatinine		
	<input type="checkbox"/> Calcium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Phosphate	<input type="checkbox"/> Total protein albumin	
	<input type="checkbox"/> LFT	<input type="checkbox"/> Glucose (random)	<input type="checkbox"/> Glucose (fasting)		
	<input type="checkbox"/> aPTT	<input type="checkbox"/> INR	<input type="checkbox"/> BHCG – pregnancy	<input type="checkbox"/> BHCG – tumor marker	
	<input type="checkbox"/> AFP	<input type="checkbox"/> CA 125	<input type="checkbox"/> Ca 19.9	<input type="checkbox"/> Ca 15.3	
	<input type="checkbox"/> CEA	<input type="checkbox"/> Hemoglobin A1C	<input type="checkbox"/> Type and Screen		
	<input type="checkbox"/> Additional Labs				



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DIAGNOSTICS

Pre-operative Investigations		
<input type="checkbox"/> X-ray Chest 2 views	Reason:	Query:
<input type="checkbox"/> 12 Lead ECG		
<input type="checkbox"/> 2D Echo	Reason:	Query:
<input type="checkbox"/> Full Pulmonary Function Testing	Reason:	Query:
<input type="checkbox"/> Other, specify		

PRE-OPERATIVE ANTI-COAGULATION

<input type="checkbox"/>	Advise patient to hold aspirin, clopidogrel (Plavix®) and NSAID medications (including methotrexate) for 7 days before surgery <i>*consider bridging or dose modification based thrombosis consultation</i>
Unless otherwise indicated:	
<input type="checkbox"/>	Hold dabigatran
<input type="checkbox"/>	2 days pre-op if Creatinine clearance greater than 50 mL/min
<input type="checkbox"/>	4 days pre-op if Creatinine clearance 30 – 50 mL/min
<input type="checkbox"/>	5 days pre-op if Creatinine clearance less than 30 mL/min
<input type="checkbox"/>	Hold rivaroxaban
<input type="checkbox"/>	2 days pre-op if Creatinine clearance greater than 50 mL/min
<input type="checkbox"/>	3 days pre-op if Creatinine clearance less than 50 mL/min
<input type="checkbox"/>	Hold apixaban
<input type="checkbox"/>	2 days pre-op if Creatinine clearance greater than 50 mL/min
<input type="checkbox"/>	3 days pre-op if Creatinine clearance less than 50 mL/min
<input type="checkbox"/>	Hold warfarin 5 days pre-op



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FASTING AND BOWEL PREP (TBCC/PAC EDUCATION)

<input type="checkbox"/> ERAS standard-no bowel prep used
<input type="checkbox"/> May have light snack up to 8 hours prior to surgery. May drink clear fluids up to 3 hours prior to surgery.
<input type="checkbox"/> Instruct the patient to drink carbohydrate rich drink to be finished 3 hours before OR time.
Or
<input type="checkbox"/> Instruct patient to have a carbohydrate-rich meal evening before surgery.
<input type="checkbox"/> Pre-op warming (e.g. BAIR PAWS, BAIR hugger, Warm blankets)
<input type="checkbox"/> Other, specify

GENERAL ORDERS

Laboratory Test Day of Surgery (pre-operative)	<input type="checkbox"/> Urine Pregnancy Test
	<input type="checkbox"/> Serum Pregnancy Test
	<input type="checkbox"/> Type and Screen
	<input type="checkbox"/> Other, specify
Pre-Operative Medications	<input type="checkbox"/> Acetaminophen tab 1000 mg PO once, on arrival to Day Surgery Unit
	<input type="checkbox"/> Gabapentin 300 mg
	<input type="checkbox"/> Antiemetic, specify
	<input type="checkbox"/> Other medication instruction: <i>Antibiotics and VTE prophylaxis to be ordered by Surgeon in OR theater as part of Safe Surgery Checklist Briefing.</i>
Home medications to take during the pre-operative period as directed	



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MEDICATION

Antibiotics	IV antibiotic to be administered in pre-operative area/OR: Patient weight: kg
	<input type="checkbox"/> ceFAZolin 1 g IV (if weight less than 80 kg) *OR*
	<input type="checkbox"/> ceFAZolin 2 g IV (if weight 80 kg to 119 kg) *OR*
	<input type="checkbox"/> 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
	*IF colorectal procedure planned OR transvaginal procedure AND bacterial vaginosis is suspected, ADD
	<input type="checkbox"/> metroNIDAZOLE 500 mg IV
	OR if significant penicillin / cephalosporin allergy (e.g. anaphylaxis)
	<input type="checkbox"/> clindamycin 900 mg IV
	AND
	Choose one:
	<input type="checkbox"/> gentamycin 160 mg *OR*
	<input type="checkbox"/> ciprofloxacin 400 mg IV (if significant renal dysfunction)
Intravenous	<input type="checkbox"/> Lactated Ringers IV
Venous Thromboembolism (VTE) Prophylaxis	<input type="checkbox"/> Antiembolism stockings
	<input type="checkbox"/> Intermittent Pneumatic Compression
	<input type="checkbox"/> heparin 5000 units subcut x 1 dose to be administered by the Anesthesiologist. Alternate dosing to be discussed with anesthesiologist.
	<input type="checkbox"/> No VTE prophylaxis (document reason):

Signature	Permit Number	Date	Hour
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