

EUHM GYN ERAS

QI Program

Please keep checklist with patient

Anesthesia Pre-op Clinic	YES	If not completed, please explain
ERAS identification placed on patient chart	<input type="checkbox"/>	
Chlorohexidine wipes education	<input type="checkbox"/>	
DM medication discussion, if applicable	<input type="checkbox"/>	
Pain management expectation discussed	<input type="checkbox"/>	
PONV expectation discussed	<input type="checkbox"/>	
LOS expectations discussed	<input type="checkbox"/>	
Pre-op glucose drink Pre-op glucose loading education provided	<input type="checkbox"/>	
Ensure Pre-Surgery (1 bottle) provided	<input type="checkbox"/>	
Document drink was given in Pre-op Documentation	<input type="checkbox"/>	
Celecoxib, Gabapentin or Lyrica, and Acetaminophen ordered	<input type="checkbox"/>	

Pre-Operative Holding Area	YES	If not completed, please explain
Pre-op glucose drink Did the pt drink the ENSURE pre-surgery? What time did the pt finish the ENSURE pre-surgery? How long did the patient spend drinking the ENSURE pre-surgery? Document this information in InterventionsSurg/Procedure PrepOther	<input type="checkbox"/> <input type="checkbox"/>	If not, why? _____ Time finished: _____ Time (in minutes): _____
Celecoxib	<input type="checkbox"/>	
Gabapentin	<input type="checkbox"/>	
Lyrica	<input type="checkbox"/>	
Acetaminophen	<input type="checkbox"/>	
Skin preparation Clipping only, if necessary CHG wipes	<input type="checkbox"/> <input type="checkbox"/>	
Nasal iodine (except with allergy)	<input type="checkbox"/>	
DVT prophylaxis Mechanical – SCDs for everyone <i>Pharmacologic - Based on Caprini Risk Assessment, moderate and high risk patients</i> <i>If not ordered, contact attending</i>	<input type="checkbox"/> <input type="checkbox"/>	If provider did not order pre-op DVT prophylaxis, indicate reason:

	YES	If not completed, please explain
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Intra-op		
ERAS patient discussed during surgical time-out	<input type="checkbox"/>	
Antibiotic ordered and hung Note: Cefazolin for hysterectomy; increase dose for >120 kg Re-dose after 4 hours and/or blood loss > 1500 mL		
Address SQ Heparin during Time-out (have circulator check MAR summary)	<input type="checkbox"/>	
Induction without use of narcotics	<input type="checkbox"/>	If not, why not?
TIVA	<input type="checkbox"/>	Why/why not?
Ketamine: Initial bolus before incision of .5mg/kg x1 then bolus doses at .2-.4mg/kg/hr.	<input type="checkbox"/>	
Magnesium: 30-50mg/kg over 10 mins then 10mg/Kg during the case.	<input type="checkbox"/>	
Toradol: 15-30mg when appropriate	<input type="checkbox"/>	If not given, why not? If yes, what dose:
Precedex: .2-.5mcg/kg/hr with no loading dose. May run through the case and into wake up. Be wary of bradycardia.	<input type="checkbox"/>	
Intra-op PONV Prophylaxis (At least 2 of the following): <ul style="list-style-type: none"> Dexamethasone 4-8mg, Consider 8mg for both anti-emetic/anti-inflammatory properties. Benadryl 12.5mg Ondansetron 4mg, 20 mins before wake-up. Only if not giving droperidol. Droperidol: .625mg 20 mins before wake-up. No Zofran if you give droperidol. 	<input type="checkbox"/>	
Goal directed fluid monitor - Invasive arterial line or PVV	<input type="checkbox"/>	
Full reversal of NMB with Sugammadex	<input type="checkbox"/>	
Opiates given	<input type="checkbox"/>	If yes, please write drug + dose: Drug Dose

PACU	YES	If not completed, please explain
Importance of PONV and pain control discussed	<input type="checkbox"/>	
Scheduled Zofran 4mg IV Q6-8 hours (first dose given before transfer)	<input type="checkbox"/>	
PRN rescue anti-emetic <ul style="list-style-type: none"> Droperidol 2) Benadryl 3) Phenergan 4) 	<input type="checkbox"/>	List rescue anti-emetic used:
PRN rescue non-opioid analgesics needed? If yes, choose from: <ul style="list-style-type: none"> Robaxin (methocarbamol) 1g over 30 min Lidoderm patch 5% q24 hrs (avoid if TAP block done) Gabapentin 100mg PO capsule or liquid Q8 hrs; may increase by 100mg to 300mg PO q8 hrs Tylenol 650 mg PO tablet or liquid q6-8 hours OR 650 mg suppository q6-8 hours Ketorolac: 15-30 mg IV q6-8 hours for 72 hours: Avoid in patients with AKI, CKD, age > 65, or on ad hoc basis per surgeon's preference 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Stretcher >45 for transfer	<input type="checkbox"/>	
Nursing hand off discussion of PONV/pain	<input type="checkbox"/>	