

- |                               |                                |                                    |                                     |
|-------------------------------|--------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> HLAS | <input type="checkbox"/> HSA   | <input type="checkbox"/> CHSLD DBV | <input type="checkbox"/> CHSLD GD   |
| <input type="checkbox"/> HGL  | <input type="checkbox"/> IUSMD | <input type="checkbox"/> CHSLD DOR | <input type="checkbox"/> CHSLD NP   |
| <input type="checkbox"/> CHSM | <input type="checkbox"/> CLSC  | <input type="checkbox"/> CHSLD LAS | <input type="checkbox"/> CHSLD LACH |

N° dossier / Chart n°	DDN / DOB	Sexe / Sex
Nom / Name	Prénom / First Name	
Nom de la mère / Name of mother		
Adresse / Address		
Tél. / Tel.		
N° assurance maladie / Medicare Card N°		Expiration

Allergie(s) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Prescriber's initials	<b>Enhanced recovery after surgery (ERAS) - Colorectal Post-operative prescriptions (nursing care)</b>
<p><input type="checkbox"/> Consult Nutritionist (<i>ostomy and subtotal colectomies or at risk of malnutrition</i>).</p> <p><input type="checkbox"/> Consult stomatherapist (if patient has a stoma).</p> <p><input checked="" type="checkbox"/> Spirometer X 10 every hour and deep breathing and coughing exercises while awake for the first 4 days post-op.</p> <p><input checked="" type="checkbox"/> Weigh patient once daily (11H00).</p> <p><input checked="" type="checkbox"/> Apply compression stockings DIE as prescribed. Remove each morning for skin care.</p> <p><b>POD#0</b></p> <p><input checked="" type="checkbox"/> Fiber restriction diet</p> <p><input checked="" type="checkbox"/> Start chewing gum for 30 minutes TID</p> <p><input checked="" type="checkbox"/> Assessment of vital signs and pain q 2 hours and PRN (include monitoring parameters with patient on PCA/Epimorph/Epidural protocol).</p> <p><input checked="" type="checkbox"/> IV fluid: _____ at _____ mL/h.</p> <p><input checked="" type="checkbox"/> Mobilise with assistance 2 hours after return from the post-anaesthetic care unit (PACU).</p> <p><input checked="" type="checkbox"/> Measure intake/output q 4 hours, notify doctor if urine output is &lt; 120 mL/4hrs</p> <p><input checked="" type="checkbox"/> Urinary catheter to straight drainage</p> <p><b>POD#1</b></p> <p><input checked="" type="checkbox"/> Fiber restriction diet + oral nutritional supplement TID with meals</p> <p><input checked="" type="checkbox"/> Chew gum for 30 mins TID.</p> <p><input checked="" type="checkbox"/> Vital signs, pain assessment q 4h and PRN (include monitoring parameters with patient on PCA/Epimorph/Epidural Protocol).</p> <p><input checked="" type="checkbox"/> Discontinue IV fluids and lock IV catheter with NaCl after breakfast (if patient tolerates oral hydration).</p> <p><input checked="" type="checkbox"/> Up in chair for every meal.</p> <p><input checked="" type="checkbox"/> Ambulate a minimum of 30 meters with assistance (as needed) TID.</p> <p><input checked="" type="checkbox"/> Monitor intake/output q 4h, notify physician if urine output &lt; 120mL/4h.</p> <p><input checked="" type="checkbox"/> Remove urinary catheter at 6h00.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If patient unable to void 6 hours post removal of urinary catheter, confirm urine volume with Bladderscan,</li> <li><input type="checkbox"/> if &gt; 350 mL perform in and out catheterization, on third catheterization leave urinary catheter in. Notify physician.</li> </ul> <p><input checked="" type="checkbox"/> CBC, SMA-7 (Na, K, Urea, creatinine, chloride) DIE X 3 days. (Advise MD if glucose greater than 8)</p> <p><input checked="" type="checkbox"/> CRP DIE x _____ days</p> <p><b>POD#2 and POD#3 (If not discharge)</b></p> <p><input checked="" type="checkbox"/> Continuing the care of POD#1</p> <p><input checked="" type="checkbox"/> Monitor intake/output q shift until discharge home.</p> <p><input checked="" type="checkbox"/> Remove initial dressing. Leave wound open to air as clinically assessed.</p> <p><input checked="" type="checkbox"/> Teach patient to self-inject anticoagulant.</p> <p><input checked="" type="checkbox"/> Complete referral to CLSC</p> <p><b>Discharge plan (if the criteria are met):</b></p> <p>Discharge home, attempt <input type="checkbox"/> POD#2 at 10am or <input type="checkbox"/> POD _____ at 10am</p> <p>Transfer to Virtual Care Unit (VCU), attempt <input type="checkbox"/> POD#1 at 1pm or <input type="checkbox"/> POD _____ at 10am</p> <p>Post-operative follow-up, in _____ weeks</p> <p><b>POD#7:</b> remove staples and apply steri-strips® (CLSC prescription)</p>	

GRM 42000433 71

Prescriber: Name (block letters)	Signature	License No	Date (YYYY/MM/DD)	Hour