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|-------------------------------|--------------------------------|------------------------------------|-------------------------------------|
| <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	Enhanced recovery after surgery (ERAS) - Colorectal Pre-operative investigation (to be given to patient and pre-op clinic)																			
	<p>Pre-operative testing day:</p> <table border="0"> <tr> <td><input type="checkbox"/> CBC</td> <td><input type="checkbox"/> Coagulation (RNI, PT, PTT)</td> </tr> <tr> <td><input type="checkbox"/> CRP</td> <td><input type="checkbox"/> Blood group/RH/antibody research</td> </tr> <tr> <td><input type="checkbox"/> Albumin, pre-albumine, total protein</td> <td><input type="checkbox"/> Pregnancy test- urine (women < 55)</td> </tr> <tr> <td><input type="checkbox"/> SMA-7 (Na, K, urea, creatinine, glucose, chloride)</td> <td><input type="checkbox"/> ECG (65 and over or if known cardiac condition)</td> </tr> <tr> <td><input type="checkbox"/> CEA</td> <td><input type="checkbox"/> Other-----</td> </tr> </table>		<input type="checkbox"/> CBC	<input type="checkbox"/> Coagulation (RNI, PT, PTT)	<input type="checkbox"/> CRP	<input type="checkbox"/> Blood group/RH/antibody research	<input type="checkbox"/> Albumin, pre-albumine, total protein	<input type="checkbox"/> Pregnancy test- urine (women < 55)	<input type="checkbox"/> SMA-7 (Na, K, urea, creatinine, glucose, chloride)	<input type="checkbox"/> ECG (65 and over or if known cardiac condition)	<input type="checkbox"/> CEA	<input type="checkbox"/> Other-----								
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	<p>Pre-operative diet:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regular diet the day prior to surgery <input type="checkbox"/> Clear fluids only the day prior to surgery (water, juice (no pulp), sports drink (ie. Gatorade®), soft drink, Jell-O®, tea, coffee (no dairy products), broth. <input type="checkbox"/> From midnight continue with clear fluid diet until 2 hours before surgery. <input type="checkbox"/> NPO as of midnight (for patients with GERD, gastroparesis, hiatal hernia taking domperidone or metoclopramide) <input type="checkbox"/> Bring two packs of sugar free chewing gum to the hospital 																			
	<p>Carbohydrate loading</p> <ul style="list-style-type: none"> <input type="checkbox"/> 100 g of carbohydrate drink the evening before surgery <input type="checkbox"/> 50 g of carbohydrate drink the morning of surgery (up to 2 hours before arrival to hospital) <input type="checkbox"/> 100 g of carbohydrate drink the evening before surgery and NPO as of midnight <input type="checkbox"/> No carbohydrate loading 																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Non-diet Carbohydrate drink</th> <th style="width: 35%;">Evening before surgery 100 g of carbohydrate drink</th> <th style="width: 35%;">Morning of surgery 50 g of carbohydrate up to 2 hours before arrival to hospital</th> </tr> </thead> <tbody> <tr> <td>Apple juice</td> <td>850 mL/ 3 ½ cups</td> <td>425 mL/ 1 ¾ cups</td> </tr> <tr> <td>Orange juice (non pulp)</td> <td>1000 mL/ 4 cups</td> <td>500 mL/ 2 cups</td> </tr> <tr> <td>Ice tea</td> <td>1100 mL/ 4 ½ cups</td> <td>550 mL/ 2 ¼ cups</td> </tr> <tr> <td>Lemonade</td> <td>1000 mL/ 4 cups</td> <td>500 mL/ 2 cups</td> </tr> <tr> <td>Cranberry cocktail</td> <td>650 mL/ 2 ¾ cups</td> <td>325 mL/ 1 1/3 cups</td> </tr> </tbody> </table>		Non-diet Carbohydrate drink	Evening before surgery 100 g of carbohydrate drink	Morning of surgery 50 g of carbohydrate up to 2 hours before arrival to hospital	Apple juice	850 mL/ 3 ½ cups	425 mL/ 1 ¾ cups	Orange juice (non pulp)	1000 mL/ 4 cups	500 mL/ 2 cups	Ice tea	1100 mL/ 4 ½ cups	550 mL/ 2 ¼ cups	Lemonade	1000 mL/ 4 cups	500 mL/ 2 cups	Cranberry cocktail	650 mL/ 2 ¾ cups	325 mL/ 1 1/3 cups
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	<p>Bowel preparation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No bowel preparation required <input type="checkbox"/> Patient requires partial bowel preparation (enema) <input type="checkbox"/> Patient requires total bowel preparation 																			
	<p>Consultation request:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consult pre-operative clinic <input type="checkbox"/> Consult internal medicine <input type="checkbox"/> Consult anesthesia <input type="checkbox"/> Consult with stoma specialized nurse for stoma marking: • colostomy • ileostomy <input type="checkbox"/> Geriatric consult: > 65 years with known or suspected cognitive impairment, or Clinical Frailty Scale (CFS) ≥ 5 																			

GRM 42000433 34

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