

Patient Counseling and Education

- ✓ Smoking cessation or “smoke fast”
- ✓ Alcohol cessation
- ✓ Explanation of hospitalization
- ✓ Patient’s role
- ✓ Recovery “targets”



Perform detailed teaching, including explicit written and verbal instructions, for patients to follow throughout the stages of surgical preparation and recovery.

Preoperative Fasting, Metabolic Conditioning and Surgical Preparation

- ✓ Carbohydrate loading and hydration
- ✓ Mechanical bowel prep with oral antibiotics



Follow evidence-based, customized protocols regarding administration and patient instruction on complex carbohydrate-rich, clear fluids; and preoperative preparation using mechanical bowel prep with oral antibiotics.

Targeted Interventions

- ✓ VTE prophylaxis
- ✓ Control nausea/vomiting (see reverse)
- ✓ Pain control
- ✓ Early removal of drains and catheters
- ✓ Early ambulation
- ✓ Early postoperative feeding



Incorporate these key interventions into routine practice; and implement alternate care planning as needed to keep the patient on track with the Enhanced Recovery Program.

Discharge Readiness

- ✓ Patient *feels* ready and *willing* to go home
- ✓ Adequate pain control
- ✓ Tolerating solid diet
- ✓ Return to pre-surgical functional status
- ✓ Preparation for all discharge needs complete



Begin discharge planning as soon as possible after the decision to operate is made; and continue to review the plan through all phases of the Enhanced Recovery Program, making adjustments as necessary to meet patient readiness.

References:

Gustafsson, U., Scott, M., Schwenk, W., Demartines, N., Roulin, D., Francis, N., McNaught, D., MacFie, J., Liberman, A., Soop, M., Hill, A., Kennedy, R., Lobo, D., Fearon, K., Ljungqvist, O. (2013). Guidelines for perioperative care in elective colonic surgery: Enhanced recovery after surgery (eras) society recommendations. *World Journal of Surgery*, 37:259-284. doi: 10.1007/s00268-012-1772-0

NURSING Postoperative Nausea & Vomiting Risk Assessment

Risk Factors	Points	Tally
Female	1	
Non-smoker	1	
History of motion sickness	1	
History of PONV	1	
Duration of surgery \geq 60 min ¹	1	
Intra/Postoperative use of opioids	1	
TOTAL SCORE²		

¹ each 30 min. increase in duration increases PONV risk by 60%

² risk increases as the number of risk factors present increases. The presence of anesthesia-related and potential risk factors can further increase the risk for the occurrence of postoperative nausea and vomiting.




Anesthesia-related Risk Factor Considerations

use of volatile anesthetics
 general anesthesia
 use of nitrous oxide during induction
 opioid use
 duration of anesthesia (related to duration of surgery)

Potential Risk Factors Considerations

ASA \leq 2
 History of migraines

PONV RISK CALCULATOR

 "Trigger" Score	 Scale (range for risk)	 Risk for PONV
0	10-17%	Low
1	18-20%	Low
2	40-42%	Moderate
3	54-60%	Moderate
4	74-80%	High
5	87%	High

REFERENCES:

Apfel, C., Laara E., Koivuranta, M., Greim, C., Roewer, N., (1999). A simplified risk score for predicting postoperative nausea and vomiting. *Anesthesiology*, 91: 693-700.

Gan, T., Meyer T., Apfel, C., Chung, F., Davis, P., Eubanks, S., Kovac, A., Philip, B., Sessler, D., Temo, J., Tramer, M., Watcha, M. (2003). Consensus guidelines for managing postoperative nausea and vomiting. *Anesthesia & Analgesia*, 97, 62-71. doi: 10.1213/01.ANE.0000068580.00245.9

Pierre, S., Whelan, R. (2013). Nausea and vomiting after surgery. *Continuing Education in Anaesthesia, Critical Care & Pain*, 13 (1): 28-32 doi: 10.1093/bjaceaccp/mks046.