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| Instructions: Submit each ERAS component, along with the supporting documents, and obtain approval by September 30th, 2022. Drafts are welcome and encouraged for feedback as you complete each component. Submit to Kari Jarabek (KJARABE1@hfhs.org) and Allison Jauss (AJAUSS1@hfhs.org) |
| HOSPITAL:  |
| PRE-SURGICAL PATIENT EDUCATION CLASS  |

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| Education Format (Example: in-person, video, interactive virtual class)  |  |

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| Summary of pre-operative patient education content (bullet points) |  |

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| How and where is patient attendance documented?  |  |
| **SUPPORTING DOCUMENTATION**: Submit resources applicable to your site (video file, education link, spine class PowerPoint, education booklet, etc.) |

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| STANDARDIZED PRE-OPERATIVE RISK ASSESSMENT AND INTERVENTION/OPTIMIZATION  |

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| Risk Assessment Tools Implemented – bullet point all. (Example: glycemic control, smoking cessation, nutritional assessment, etc.) |  |
| At what point touch point in the patient’s care will the risk assessments occur?  |  |
| Where will implementation of the risk assessment tools and interventions be documented?  |  |
| **SUPPORTING DOCUMENTATION**: Submit complete risk assessments that will be implemented for all spine patients. Risk assessments should include assessment questions, any labs or diagnostics (including thresholds that trigger an intervention), key decision points, and standardized interventions for optimization. |

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| IMPLEMENTATION OF CARBOHYDRATE-RICH DRINK UP TO 2 HOURS BEFORE SURGERY |

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| What carbohydrate-rich drink are you recommending (brand)?  |  |
| Process for providing drink to patient or education on how/where to obtain the drink.  |  |
| Who will document that the patient consumed the pre-surgical drink? Where in the EMR will this be documented?  |  |
| **SUPPORTING DOCUMENTATION**: If your site provides a patient education sheet with carbohydrate-rich drink instructions, please submit this as well. |

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| MULTI-MODAL PAIN MANAGEMENT PROTOCOL |

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| Is education provided regarding pain management protocol and expectations? If so, how and when? |  |
| NON-PHARMACOLOGICAL (cold therapy, repositioning/movement, massage, etc.): |  |
| **SUPPORTING DOCUMENTATION**: Attach your multi-modal, opioid sparing pain protocol that describes pain management in pre-op, the OR, and in the post-operative period.  |

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| EARLY AMBULATION (WITHIN 8 HOURS OF SURGERY STOP TIME) |

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| Is early ambulation discussed in the pre-operative spine education class?  |  |
| Where is ambulation documented in the EMR?  |  |
| **SUPPORTING DOCUMENTATION**: Attach early ambulation protocol or order set, or a deidentified screen shot of order in EMR.  |

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| DISCHARGE EDUCATION |

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| Incision care:  |  |
| Mobility Instructions: |  |
| **SUPPORTING DOCUMENTATION**: Attach early ambulation protocol or order set that supports ambulation within 8 hours or less of surgery stop time.  |

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| **SUGGESTED ERAS COMPONENTS (OPTIONAL)** |

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| Rare Foley Catheter Usage (No placement unless surgery > 4 hours, if foley placed, remove in PACU if possible) |  |
| Early Nutrition –back to baseline diet•Meals out of bed in chair |  |
| Normoglycemia |  |
| Post-discharge call with patient within 7 days (Pain, concerns, status of incision, clarification of post-op instructions, etc.) |  |
| TXA (minimize blood loss) |  |
| Nausea prevention measures |  |
| **SUPPORTING DOCUMENTATION**: Attach applicable order sets. Write N/A in any above categories not applicable to your site.  |