

Enhanced Recovery After Surgery (ERAS) for Nephrectomy/Nephroureterectomy Pathway

Site Applicability

Vancouver General Hospital

UBC Hospital

Pathway Patient Goals

Inclusion Criteria

Home Discharge Criteria

Instructions

1. Review pathway once per shift for patient care goals and expected outcomes
2. Do not document on this pathway, complete documentation in the Electronic Health Record (Cerner) or paper chart as per policy

Day of Surgery - OR Day	
Category	Expected Outcomes
Safety	<ul style="list-style-type: none"> • Bedside safety check
Fall Risk/Care Plan	<ul style="list-style-type: none"> • Fall prevention care plan in place • Risk assessed & new fall prevention care plan completed • Not at risk: reviewed & no concerns
Cognition	<ul style="list-style-type: none"> • Alert & Oriented x 3 (person, place, date) • Full night sleep achieved
Assessment	<ul style="list-style-type: none"> • VS and temp within patient's normal limits • Head to toe assessment (within patient's normal limits) • Capillary Blood Glucose (CBG) taken as per protocol • Anxiety level acceptable to patient
Pain Management	<ul style="list-style-type: none"> • Pain level acceptable to patient • Pain assessment completed as per protocol
Bowel/Bladder MIS Nephrectomy	<ul style="list-style-type: none"> • Urine output more than 100ml in 4 consecutive hours • Foley catheter secured and pericare/catheter care completed q shift • Night shift to remove Foley catheter tomorrow am at 0600hr on POD 1 (even if epidural in situ). If Foley not removed at 0600hr on POD 1, provide rationale • Flatus passed • Abdomen soft, not distended, non-tender • Note date of last BM
Nutrition & Hydration	<ul style="list-style-type: none"> • Gum chewing (15 minutes TID) • Start first meal as Post Surgical Transitional Diet (PSTD) • Boost 1.5 Tetra • Nausea controlled • Patient did NOT vomit during shift
Skin, Dressings, Drains	<ul style="list-style-type: none"> • Braden Risk Assessment for skin integrity • Dressings dry and intact (do not change dressing until POD #3/as per order, unless saturated, otherwise outline drainage with a pen and reinforce as needed) • Post-op wash completed (leave pink chlorhexidine preparation solution on for 6 hours post-op)
Functional Mobility	<ul style="list-style-type: none"> • HOB elevated 30 degrees when in bed, unless contraindicated • ICOUGH protocol followed • Turned Q2H until fully able to reposition on their own • Ankle exercise every hour when in bed while awake • Sequential Compression Devices (SCD) applied unless contraindicated • SCD removed no longer than 30 min/shift to assess & perform skin care as per protocol • Patient sat at edge of bed or in chair x 15 minutes
Teaching & Discharge Planning <ul style="list-style-type: none"> • Patient is oriented to room/environment • ERAS booklet: Patient has booklet at bedside <ul style="list-style-type: none"> ○ Patient is aware of daily goals starting on page 50 ○ Reviewed and reinforced pain management on page 37 	

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For MIS Nephrectomy:

- Patient received teaching re: self-administration of LMWH

Day of Surgery – Post-Op Day 1	
Category	Expected Outcomes
Safety	<ul style="list-style-type: none"> • Bedside safety check
Fall Risk/Care Plan	<ul style="list-style-type: none"> • Fall prevention care plan in place • Risk assessed & new fall prevention care plan completed • Not at risk: reviewed & no concerns
Cognition	<ul style="list-style-type: none"> • Alert & Oriented x 3 (person, place, date) • Full night sleep achieved
Assessment	<ul style="list-style-type: none"> • VS and temp within patient's normal limits • Head to toe assessment (within patient's normal limits) • Capillary Blood Glucose (CBG) taken as per protocol • Anxiety level acceptable to patient
Pain Management	<ul style="list-style-type: none"> • Pain level acceptable to patient • Pain assessment completed as per protocol
Bowel/Bladder MIS Nephrectomy Open Nephrectomy Nephroureterectomy	<ul style="list-style-type: none"> • Urine output more than 100ml in 4 consecutive hours • No issue with first void post Foley removal • Night shift to remove Foley catheter tomorrow am at 0600hr on POD2 (even if epidural in situ). If Foley not removed at 0600hr on POD2, provide rationale. • Foley as per MD order • Foley catheter secured and pericare/catheter care completed q shift • Flatus passed • Abdomen soft, non distended, non-tender • Note date of last BM
Nutrition & Hydration	<ul style="list-style-type: none"> • Gum chewing (15 minutes TID) • Boost 1.5 Tetra BID • Advance to Regular diet • Nausea controlled • Patient did NOT vomit during shift • Oral intake recorded • Saline lock IV unless oral intake < 600 ml/12hr • If CVC in situ, remove and insert saline lock
Skin, Dressings, Drains	<ul style="list-style-type: none"> • Braden Risk Assessment for skin integrity • Dressings dry and intact (do not change dressing until POD #3/as per order, unless saturated, otherwise outline drainage with a pen and reinforce as needed)
Diagnostics	<ul style="list-style-type: none"> • CBC and Electrolytes complete
Functional Mobility	<ul style="list-style-type: none"> • HOB elevated 30 degrees when in bed, unless contraindicated • ICOUGH protocol followed • Ankle exercise every hour when in bed while awake • SCD discontinued after first dose of anticoagulant, unless contraindicated • SCD removed no longer than 30 min/shift to assess & perform skin care as per protocol • Up in chair for all meals (with assistance or independently) • Walked in hallway x 2 (with assistance or independently) • Up to bathroom (with assistance or independently)

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Teaching & Discharge Planning

- ERAS booklet: Patient has booklet at bedside
 - Patient is aware of daily goals starting on page 51
 - Reviewed and reinforced pain management on page 37
 - Patient is aware of discharge criteria on page 59
- Patient received teaching re: self-administration of LMWH
- Patient has arranged for support person at home post discharge
- Patient has a ride home on day of discharge

Day of Surgery – Post-Op Day 2	
Category	Expected Outcomes
Safety	<ul style="list-style-type: none"> • Bedside safety check
Fall Risk/Care Plan	<ul style="list-style-type: none"> • Fall prevention care plan in place • Risk assessed & new fall prevention care plan completed • Not at risk: reviewed & no concerns
Cognition	<ul style="list-style-type: none"> • Alert & Oriented x 3 (person, place, date)
Assessment	<ul style="list-style-type: none"> • VS and temp within patient's normal limits • Head to toe assessment (within patient's normal limits) • Anxiety level acceptable to patient
Pain Management	<ul style="list-style-type: none"> • Pain level acceptable to patient • Pain assessment completed as per protocol
Bowel/Bladder	<ul style="list-style-type: none"> • Urine output > 30ml/hr • If Foley in situ, provide rationale • Passed trial of void post-Foley removal • Foley as per MD order • No evidence of urinary tract infection • Flatus passed • Abdomen soft, non distended, non-tender • Note date of last BM
Nutrition & Hydration	<ul style="list-style-type: none"> • Gum chewing (15 minutes TID) • Boost 1.5 Tetra BID • Regular diet • Nausea controlled • Patient did NOT vomit during shift • Oral intake recorded • IV site(s) assessment completed as per protocol
Skin, Dressings, Drains	<ul style="list-style-type: none"> • Braden Risk Assessment for skin integrity • Dressings dry and intact (do not change dressing until POD #3/as per order, unless saturated, otherwise outline drainage with a pen and reinforce as needed)
Functional Mobility	<ul style="list-style-type: none"> • HOB elevated 30 degrees when in bed, unless contraindicated • ICOUGH protocol followed • Ankle exercise every hour when in bed while awake • Up in chair for all meals (with assistance or independently) • Walked in hallway x 2 (with assistance or independently) • Up to bathroom (with assistance or independently)
Teaching & Discharge Planning <ul style="list-style-type: none"> • ERAS booklet: Patient has booklet at bedside <ul style="list-style-type: none"> ○ Patient is aware of daily goals starting on page 53 ○ Reviewed and reinforced pain management on page 37 ○ Patient is aware of discharge criteria on page 59 • Patient received teaching re: self-administration of LMWH • Patient has arranged for support person at home post discharge • Patient has a ride home on day of discharge • Patient met the following discharge criteria: <ul style="list-style-type: none"> ○ Independent with ADLs 	

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- Pain managed on oral analgesics
 - Tolerating regular diet
 - Passing gas or has had a bowel movement
- Discharge destination confirmed

Day of Surgery – Post-Op Day 3	
Category	Expected Outcomes
Safety	<ul style="list-style-type: none"> • Bedside safety check
Fall Risk/Care Plan	<ul style="list-style-type: none"> • Fall prevention care plan in place • Risk assessed & new fall prevention care plan completed • Not at risk: reviewed & no concerns
Cognition	<ul style="list-style-type: none"> • Alert & Oriented x 3 (person, place, date)
Assessment	<ul style="list-style-type: none"> • VS and temp within patient's normal limits • Head to toe assessment (within patient's normal limits) • Anxiety level acceptable to patient
Pain Management	<ul style="list-style-type: none"> • Pain level acceptable to patient • Pain assessment completed as per protocol
Bowel/Bladder	<ul style="list-style-type: none"> • Urine output > 30ml/hr • If Foley in situ, provide rationale • Passed trial of void post-Foley removal • Foley as per MD order • No evidence of urinary tract infection • Flatus passed • Abdomen soft, non distended, non-tender • Note date of last BM
Nutrition & Hydration	<ul style="list-style-type: none"> • Gum chewing (15 minutes TID) • Boost 1.5 Tetra BID • Regular diet • Nausea controlled • Patient did NOT vomit during shift • Oral intake recorded • IV site(s) assessment completed as per protocol
Skin, Dressings, Drains	<ul style="list-style-type: none"> • Braden Risk Assessment for skin integrity • Dressing changed as per order • Incision dry and left open to air (no dressing) • Incision approximated (no signs of infection)
Functional Mobility	<ul style="list-style-type: none"> • HOB elevated 30 degrees when in bed, unless contraindicated • ICOUGH protocol followed • Ankle exercise every hour when in bed while awake • Up in chair for all meals independently • Walked in hallway x 2 (with assistance or independently) • Up to bathroom (with assistance or independently)
Teaching & Discharge Planning <ul style="list-style-type: none"> • ERAS booklet: Patient has booklet at bedside <ul style="list-style-type: none"> ○ Patient is aware of daily goals starting on page 55 ○ Reviewed and reinforced pain management on page 37 ○ Patient is aware of discharge criteria on page 59 • Patient self-administering LMWH • Patient has arranged for support person at home post discharge • Patient has a ride home on day of discharge • Patient met the following discharge criteria: <ul style="list-style-type: none"> ○ Independent with ADLs 	

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- Pain managed on oral analgesics
 - Tolerating regular diet
 - Passing gas or has had a bowel movement
- Discharge destination confirmed

Day of Surgery – Post-Op Day 4 and Onwards	
Category	Expected Outcomes
Safety	<ul style="list-style-type: none"> Beside safety check
Fall Risk/Care Plan	<ul style="list-style-type: none"> Fall prevention care plan in place Risk assessed & new fall prevention care plan completed Not at risk: reviewed & no concerns
Cognition	<ul style="list-style-type: none"> Alert & Oriented x 3 (person, place, date)
Assessment	<ul style="list-style-type: none"> VS and temp within patient's normal limits Head to toe assessment (within patient's normal limits) Anxiety level acceptable to patient
Pain Management	<ul style="list-style-type: none"> Pain level acceptable to patient Pain assessment completed as per protocol
Bowel/Bladder	<ul style="list-style-type: none"> No evidence of urinary tract infection Urine output > 30ml/hr Foley as per MD order Flatus passed Abdomen soft, non distended, non-tender Note date of last BM
Nephroureterectomy	
Nutrition & Hydration	<ul style="list-style-type: none"> Gum chewing (15 minutes TID) Boost 1.5 Tetra BID Regular diet Nausea controlled Patient did NOT vomit during shift Oral intake recorded Remove saline lock prior to discharge
Skin, Dressings, Drains	<ul style="list-style-type: none"> Braden Risk Assessment for skin integrity Incision approximated (no signs of infection)
Functional Mobility	<ul style="list-style-type: none"> HOB elevated 30 degrees when in bed, unless contraindicated ICOUGH protocol followed Ankle exercise every hour when in bed while awake Up in chair for all meals independently Walked in hallway x 2 (with assistance or independently) Up to bathroom (with assistance or independently)
Teaching & Discharge Planning <ul style="list-style-type: none"> ERAS booklet: Patient has booklet at bedside <ul style="list-style-type: none"> Patient is aware of daily goals and discharge information on page 57-60 Reviewed and reinforced pain management on page 37 Patient is aware of discharge criteria on page 59 Patient self-administering LMWH Patient has arranged for support person at home post discharge Patient has a ride home on day of discharge Patient met the following discharge criteria: <ul style="list-style-type: none"> Independent with ADLs Pain managed on oral analgesics Tolerating regular diet Passing gas or has had a bowel movement Discharge destination confirmed 	

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Day of Discharge	
Category	Expected Outcomes
Discharge	<ul style="list-style-type: none"> Discharged, accompanied Has discharge prescriptions Has sharps container & appropriate LMWH teaching sheet Has "My Discharge Plan" sheet Has follow up information Has all belongings Understands when to seek medical attention for complications Arrangements made for staple removal Discharge destination confirmed

Developed By

Effective Date:	
Posted Date:	
Last Revised:	
Last Reviewed:	
Approved By:	Endorsed By: Final Sign Off:
Owners:	VCH
	Developer Lead(s): <ul style="list-style-type: none"> Clinical Nurse Educator, Transplant, Urology, Gynecology, Plastics, VGH

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