

Implementation of Enhanced Recovery After Surgery (ERAS)

GAP ANALYSIS

Quickly evaluate current ERAS practices in your perioperative environment. Please answer the questions in the appropriate columns to help identify the gaps. Add your notes in the last column as your team begins the program to earn the **AORN**Center of Excellence in Surgical Safety: Implementation of ERAS.

	Yes/Always	No/Never	Don't know/ sometimes	Comments/ Next Steps
Do you have a Prehabilitation Phase that includes:				
A. Cardiac Risk Calculators (e.g., Revised Cardiac Risk Index, Gupta MICA, ACS NSQIP,The Lee Index)				
B. Pulmonary Risk Calculators (e.g., Gupta Respiratory Failure, Gupta Postoperative Pneumonia, ARISCAT, ACS NSQIP, STOP-BANG, Sleep apnea clinical score)				
C. VTE Risk Calculators (e.g., Caprini, ACCP, ACS NSQIP)				
D. Postoperative Nausea and Vomiting Risk Calculators (e.g., Apfel Score, Koivuranta Score)				
E. Preoperative testing				
F. Screening and management of anemia				
G. Patient education on cessation of alcohol and tobacco use				
H. Patient education and Counseling				
Strategies in place to address positive findings on risk assessments				



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Do you have the following in the preoperative phase:				
A. Administration of an oral carbohydrate containing clear liquid in healthy patients until 2 hours before the procedure				
B. ASA fasting guidelines are given to the patient:				
a. Clear liquids up to 2 hours				
b. Breast milk up to 4 hours				
c. Infant formula up to 6 hours				
d. Nonhuman milk up to 6 hours				
e. Light meal up to 6 hours, patients should be encouraged to eat a light meal				
C. Antimicrobial prophylaxis				
D. VTE risk and interventions				
E. SSI infection prevention bundle				
F. Patient warming				
G. Assess risk of PONV and multimodal prophylaxis				
H. Reduce the use of sedatives				
I. Maintenance of preoperative glucose levels under 140-180-200 mg/dl				



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Do you have the following in the intraoperative phase:						
A. Maintain normothermia						
B. Measure the patient's temperature						
C. Maintain euvolemia (Goal-directed fluid therapy)						
D. Standardized anesthesia protocol						
E. Multi-modal pain management protocol						
F. Minimally invasive surgery techniques such as conventional laparoscopy, arthroscopic procedures, and robotic-assisted procedures using low pressure insufflation						
Do you have the following in the post-operative phase:						
A. Minimize the use of drains and catheters and removing foley catheters as soon as possible						
B. Early patient mobilization and postoperative exercise						
C. Early feeding						
Can you identify from your investigation a person(s) who would "champion" the implementation of ERAS program in your facility? Name(s)						
What are the obstacles to the implementation of ERAS in your facility?						