

ADMINISTRATIVE APPROVAL

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Approval signature(s) with title and date of signature:

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Purpose

To provide guidance to perioperative personnel for implementing ERAS protocols. The expected outcome is that patient outcomes will be improved.

Policy

It is the policy of _____ that:

- An ERAS program will be implemented to reduce patient complications, minimize length of stay, and improve patient satisfaction.

Procedure Interventions

- Convene an interdisciplinary team responsible for implementing and monitoring the ERAS program that includes an ERAS coordinator, surgeons, anesthesia professionals, perioperative RNs, pharmacists, and members of other disciplines as identified to do the following:
 - o Implement an ERAS program using a structured framework.
 - o Establish a process for determining individual patient prehabilitation interventions, taking into considerations individual patient comorbidities and type of surgery.
 - o Implement preoperative ERAS interventions to include
 - providing an oral carbohydrate-containing clear liquid to healthy patients until 2 hours before elective procedures,
 - reducing fasting time before surgery according to the American Society of Anesthesiology fasting guidelines,
 - providing antimicrobial prophylaxis,
 - assessing and implementing venous thromboembolism prophylaxis measures,
 - implementing a structured surgical site infection prevention bundle,
 - implementing patient warming,
 - assessing for risk of postoperative nausea and vomiting and implementing a multimodal intervention, and
 - reducing the use of sedatives.
 - o Implement intraoperative ERAS interventions to include
 - maintaining normothermia,

- using goal directed fluid therapy,
- using a standardized anesthesia protocol,
- using a multimodal pain management protocol, and
- using minimally invasive surgery techniques, when possible, i.e. conventional laparoscopy, arthroscopic procedures, robotic-assisted procedures and low-pressure insufflation.
- o Implement postoperative ERAS interventions to include
 - minimizing the use of drains and catheters,
 - removing indwelling catheters as soon as possible,
 - promoting early patient mobilization,
 - providing postoperative exercise regimens, and
 - implementing early oral feeding.
- o Determine ERAS components for patient-specific considerations such as for older adults and pediatric patients.
- o Define the metrics and indicators for monitoring the effectiveness of the ERAS program, as well as the process for continuous quality improvement.
- o Establish requirements for staff training and education on ERAS protocols, including orientation, ongoing education, and certification.
- o Outline the procedures for ensuring compliance with the ERAS program, including audits, feedback mechanisms, and actions for non-compliance.
- o Establish a process for regular review and revision of the ERAS program to incorporate new evidence-based practices and improve patient outcomes.

Competency

All personnel will receive education and complete competency verification activities on their roles within the ERAS program.

Quality

Perioperative personnel will participate in quality assurance and performance improvement activities related to the ERAS program.

Glossary

ERAS Coordinator: The person responsible for implementing and coordinating ERAS protocols and practices within a health care facility or ambulatory surgical center. Their role involves working with an interdisciplinary team to develop and customize ERAS protocols based on best practices and evidence-based guidelines. The ERAS coordinator also educates and trains health care providers, staff, and patients on the principles of ERAS and the importance of adherence to the protocols. The ERAS coordinator is responsible for overseeing the implementation of ERAS protocols before, during, and after surgery to optimize patient outcomes, improve recovery times, reduce complications, and enhance patient satisfaction. They monitor and track outcomes, collect data, and conduct quality improvement initiatives to continuously evaluate and improve the ERAS program. Additionally, the ERAS coordinator serves as a liaison between health care providers, patients, and families to ensure effective communication and coordination of care throughout the perioperative period. The ERAS coordinator also collaborates with stakeholders to address any barriers or challenges to the successful implementation of ERAS protocols and work toward achieving sustainable improvements in surgical care.

REFERENCE

Guideline for the implementation of enhanced recovery after surgery. In: *Guidelines for Perioperative Practice*. 2Denver, CO: AORN, Inc.