

# GUIDELINE ESSENTIALS

## KEY TAKEAWAYS

### Implementation of ERAS **NEW**



## TAKEAWAY

## EXPLANATION

The Enhanced Recovery After Surgery (ERAS) program should include a dedicated ERAS nurse coordinator.

- The ERAS nurse coordinator serves as a pivotal figure within the interdisciplinary team, taking on responsibilities such as planning meetings and actively advocating for ERAS principles among perioperative teams.
- Their primary objective is to enhance compliance in daily clinical practice and serve as the patient liaison.
- The nurse coordinator provides valuable feedback used to refine protocols and is essential for the successful implementation and continuous evaluation of the ERAS program.

### 2.3

Preoperative risk assessments should be used to evaluate risk for all patients.

- Preoperative risk assessments such as cardiac risk calculators, pulmonary risk calculators, VTE risk calculators, and postoperative nausea and vomiting (PONV) risk calculators are important to enhance clinical decision-making. **3.2.1**
- A personalized patient assessment is crucial for evaluating functional status, identifying those at high risk for complications during surgery, and recognizing factors that may hinder recovery. Preoperative testing should be tailored to each patient's specific risk factors and symptoms that could influence their care. **3.2**

Oral carbohydrate-containing clear liquid can be administered up to 2 hours before an elective procedure.

- Oral carbohydrate consumption in healthy patients has been linked to the potential alleviation of the catabolic state during the perioperative period, less nausea and vomiting, less postoperative muscle wasting, a decrease in insulin resistance, and a reduction in protein breakdown. **4.1**

Patients should be educated on the American Society for Anesthesiology fasting guidelines.

- Providing clear and thorough patient education on fasting guidelines can help prevent misunderstandings and reduce the chances of surgery cancellations or delays on the day of the procedure: **4.2**
  - Clear liquids up to 2 hours
  - Breast milk up to 4 hours
  - Infant formula up to 6 hours
  - Nonhuman milk up to 6 hours
  - Light meal up to 6 hours (patients may be encouraged to eat a light meal) **4.2.1**

## TAKEAWAY

## EXPLANATION

Collaborate with surgeons, anesthesia professionals, perianesthesia RNs, pharmacists, and patients to implement an evidence-based, multimodal pain management protocol.

- To address the problem of postoperative prescription opioid usage, it is imperative to implement interventions that are not only highly effective but also free from unintended adverse effects.
- By strategically targeting various physiological pathways, multimodal analgesia aims to optimize pain control while minimizing the adverse effects associated with narcotic pain medications.

5.4

Patients should be assessed and treated for PONV using multimodal strategies.

- Effective PONV prophylaxis is based on a multimodal intervention using pharmacologic therapy, avoiding fluid overload, limiting preoperative fasting, implementing early mobilization, and avoiding opioid use.
- In patients with one to two risk factors, a combination of two drugs is often recommended, and in patients with higher risk, three drugs in combination may be used. If rescue treatment is needed despite prophylaxis, drugs from classes not yet used should be employed.

4.7

ERAS principles and pathways should be implemented in both inpatient and ambulatory surgical settings.

- ERAS principles can be safely implemented in both settings; the focus of an ERAS program in an ambulatory setting should be reducing variance in patient outcomes to enhance overall quality of care.
- As ambulatory surgery centers handle increasingly complex procedures, establishing ERAS pathways is essential for improving patient outcomes and supporting facility growth.

2.5

Determine methods for identifying patients who are at increased risk for cardiac complications when undergoing noncardiac surgery.

- Adult patients and those with known cardiovascular disease are at higher risk for cardiac complications during surgery.
- Precise preoperative assessment of cardiac risk in older adult patients plays a crucial role in preoperative care. It provides reliable predictions of the possible risks and advantages associated with surgery, aiding in making well-informed decisions regarding the suitability of the procedure.
- Cardiac risk assessments help predict potential surgical risks and benefits, guiding decisions on whether surgery is advisable.
- By assessing cardiac risk, practitioners can optimize patient outcomes and minimize complications.

7.1.1