

GUIDELINE ESSENTIALS

QUICK VIEW

Implementation of ERAS



ERAS PROGRAM PLANNING AND IMPLEMENTATION

- Implement an Enhanced Recovery After Surgery (ERAS) program that is developed and overseen by an interdisciplinary team.
- Create a standardized clinical care pathway
- Perform ongoing evaluations of patient outcomes and audits of the ERAS program.
- Include an ERAS nurse coordinator in the ERAS program.
- Include perioperative RNs in each phase of ERAS program implementation.
- Include ERAS principles and pathways in both inpatient and ambulatory surgical environments.

★ *A comprehensive ERAS program addresses each phase of the patient's journey, from referral to discharge, ensuring an optimized recovery process. Its success depends on collaboration and precise coordination among all perioperative team members.*



PREHABILITATION PHASE/SURGICAL OPTIMIZATION

- Perform an individualized patient assessment.
- Use validated and reliable preoperative risk assessment tools.
- Screen and manage anemia.
- Provide alcohol and tobacco cessation resources.
- Complete alcohol and tobacco cessation at least 4 weeks before the planned surgical procedure.
- Provide patient education and counseling.

★ *Surgical optimization focuses on improving a patient's physical and mental health prior to surgery to enhance recovery, reduce complications, and help manage medical risks. It involves personalized care that allows patients to actively engage in their health, ensuring they are better prepared to withstand the stresses of surgery.*



PREOPERATIVE PHASE

- Reduce prolonged fasting before surgery and provide patients with the following guidelines:
 - Children, adults, and older adults: clear liquids up to 2 hours, a light meal up to 6 hours before the scheduled procedure
 - Infants: breast milk up to 4 hours, infant formula up to 6 hours, nonhuman milk up to 6 hours before the scheduled procedure
- Collaborate with surgeons, pharmacists, and anesthesia professionals for preoperative antimicrobial prophylaxis.
- Assess risk for venous thromboembolism and bleeding.
- Implement a surgical site infection prevention bundle.
- Warm patients in the preoperative period.
- Assess for risk of postoperative nausea and vomiting.
- Limit the use of sedatives in the preoperative period.
- Implement multimodal pain management in the preoperative period.
- Maintain preoperative glucose levels < 180 mg/dL.

★ *There are several interventions to consider when implementing the ERAS program in the preoperative phase of care. It is important to collaborate with all members of the perioperative team along with the patient and their caregivers to develop the best plan for the patient.*



INTRAOPERATIVE PHASE

- Maintain intraoperative normothermia.
- Implement interventions to maintain intraoperative patient euvolemia.
- Collaborate with patients, surgeons, anesthesia professionals, perianesthesia RNs, and pharmacists to implement a multimodal pain management plan.
- Minimize the use of drains and catheters.
- Support surgeons who perform minimally invasive surgical techniques.

★ *Maintaining intraoperative normothermia and euvolemia is essential for preventing adverse patient outcomes. Additionally, minimizing the use of drains and catheters is crucial for reducing infection risks and promoting faster recovery.*



POSTOPERATIVE PHASE

- Remove indwelling urinary catheters as soon as possible.
- Encourage early patient mobilization.
- Encourage postoperative exercise (eg, targeted aerobic, strength, balance, and flexibility training) and physiotherapy.

- Establish protocols for early oral feeding.

★ *ERAS interventions in the postoperative period focus on promoting early recovery, reducing complications, and enhancing overall outcomes.*



PATIENT SPECIFIC CONSIDERATIONS

- For older adult patients:
 - Determine the ERAS implementation strategy
 - Work with the older adult patient and their family to identify individualized ERAS components
 - Evaluate cardiac risk for those with vascular disease
 - Identify cardiac complications postoperatively
- For pediatric patients:
 - Work with pediatric patient caregivers to identify ERAS components for individualized implementation
- For marginalized patients:
 - Reduce health disparities through ERAS program implementation

★ *ERAS protocols are designed to improve patient outcomes and speed up recovery times. However, it's crucial to tailor these protocols to specific patient groups, such as older adult patients, pediatric patients, and patients in marginalized populations.*



QUALITY AND EDUCATION

- Establish and implement a quality assurance/performance improvement program.
- Collect and act upon patient-reported outcomes as a quality measure.
- Use a quality improvement framework.
- Identify outcome measures and ERAS program compliance measures that will be used in quality assurance and performance improvement efforts.
- Educate perioperative team members on their responsibilities within the organization's ERAS program.

★ *The successful implementation of an ERAS program depends on process measures that are tied to patient outcomes along with the initial and ongoing education that perioperative team members receive.*