

# MSSIC ERAS PROTOCOL DOCUMENT

**Instructions:** Submit each ERAS component, along with the supporting documents, and obtain approval by September 30<sup>th</sup>, 2022. Drafts are welcome and encouraged for feedback as you complete each component.

Submit to Kari Jarabek ([KJARABE1@hfhs.org](mailto:KJARABE1@hfhs.org)) and Allison Jauss ([AJAUSS1@hfhs.org](mailto:AJAUSS1@hfhs.org))

**HOSPITAL: Sunny Day Hospital**

## PRE-SURGICAL PATIENT EDUCATION CLASS

<p>Education Format (Example: in-person, video, interactive virtual class)</p>	<p>Pre-recorded, online presurgical class. Link: <a href="http://SunnyDaySpineCamp.com">SunnyDaySpineCamp.com</a></p>
<p>Summary of pre-operative patient education content (bullet points)</p>	<ul style="list-style-type: none"> <li>• Preparations- body, mind, home environment             <ul style="list-style-type: none"> <li>○ Home &amp; Personal Hygiene</li> <li>○ Home Safety</li> </ul> </li> <li>• Explanation of risk assessment tools and optimization</li> <li>• Nutrition that supports a good surgical recovery</li> <li>• What to do days before surgery</li> <li>• What to do the day before and morning of surgery</li> <li>• Pre-operative skin prep and showering instructions</li> <li>• Eating and drinking before surgery             <ul style="list-style-type: none"> <li>○ When do I stop eating food?</li> <li>○ Clear liquids and Carbohydrate-rich drink instructions</li> </ul> </li> <li>• Arrival to hospital (practical directions/maps)</li> <li>• MSSIC ERAS components explained by showing the “MSSIC ERAS Patient Education Video”</li> <li>• Where will I recover?</li> <li>• Multi-modal, opioid sparing pain management protocol and pain expectations</li> <li>• Early Ambulation expectation:             <ul style="list-style-type: none"> <li>○ Within 8 hours of surgery or less</li> <li>○ Why is it important?</li> <li>○ Frequent ambulation, and PT/OT education</li> </ul> </li> <li>• Preventing: blood clots, pneumonia, constipation, and urinary retention</li> <li>• Preventing an infection in my incision</li> <li>• Follow up appointments</li> <li>• Discharge instructions</li> <li>• What to do if I have a problem?             <ul style="list-style-type: none"> <li>○ When to call surgeon’s office?</li> <li>○ When to go to the ED?</li> </ul> </li> <li>• General Activity recommendation information and keys to a successful recovery</li> <li>• Important points of contact and phone numbers</li> </ul>
<p>How and where is patient attendance documented?</p>	<p>Question added to pre-op holding area (POHA) flowsheet: Did the patient attend pre-surgical education class? Yes or No. Pre-op staff will ask the question and complete in the flowsheet.</p>

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**SUPPORTING DOCUMENTATION:** Submit resources applicable to your site (video file, education link, spine class PowerPoint, education booklet, etc.)

## STANDARDIZED PRE-OPERATIVE RISK ASSESSMENT AND INTERVENTION/OPTIMIZATION

<p>Risk Assessment Tools Implemented – bullet point all. (Example: glycemic control, smoking cessation, nutritional assessment, etc.)</p>	<p>Strong for Surgery Tools:</p> <ul style="list-style-type: none"> <li>• Blood Sugar Checklist</li> <li>• Medication Checklist</li> <li>• Nutrition Screening Checklist</li> <li>• Smoking Cessation Checklist</li> </ul> <p>Sunny Day Hospital Tool:</p> <ul style="list-style-type: none"> <li>• Anemia Screening tool</li> <li>• Pain medication/Opioid Screening Tool</li> </ul>
<p>At what point touch point in the patient’s care will the risk assessments occur?</p>	<p>Pre-admission testing (PAT) nurses will execute the risk assessment tools during their presurgical screening call. Standardized protocol/order sets were developed and implemented to facilitate implementation of standardized interventions. Abnormal findings are communicated to surgeon clinic with a “high priority” status for those findings that may warrant the postponement of surgery.</p>
<p>Where will implementation of the risk assessment tools and interventions be documented?</p>	<p>PAT flow sheet in Epic now includes a discrete field to indicate the implementation of each risk assessment.</p>

**SUPPORTING DOCUMENTATION:** Submit complete risk assessments that will be implemented for all spine patients. Risk assessments should include assessment questions, any labs or diagnostics (including thresholds that trigger an intervention), key decision points, and standardized interventions for optimization.

## IMPLEMENTATION OF CARBOHYDRATE-RICH DRINK UP TO 2 HOURS BEFORE SURGERY

<p>What carbohydrate-rich drink are you recommending (brand)?</p>	<p>Ensure Pre-Surgery Clear</p>
<p>Process for providing drink to patient or education on how/where to obtain the drink.</p>	<p>Pre-surgical bag kits are given to each surgeon clinic. When a patient is scheduled for spine surgery at Sunny Day Hospital, the patient is given a bag, which contains two bottles of Ensure Pre-Surgical Clear, along with antibacterial wash, mouthwash, incentive spirometer, chewing gum, and other various items.</p>
<p>Who will document that the patient consumed the pre-</p>	<p>Question added to pre-op holding area (POHA) flowsheet: Did the patient consume the carbohydrate-rich drink as directed before surgery? Yes or No. Pre-op staff will ask the question and complete in the flowsheet.</p>

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surgical drink? Where in the EMR will this be documented?	
<b>SUPPORTING DOCUMENTATION:</b> If your site provides a patient education sheet with carbohydrate-rich drink instructions, please submit this as well.	

<b>MULTI-MODAL PAIN MANAGEMENT PROTOCOL</b>	
Is education provided regarding pain management protocol and expectations? If so, when?	Yes. It is provided during the online, presurgical spine class.
NON-PHARMACOLOGICAL (cold therapy, repositioning/movement, massage, etc.):	<ul style="list-style-type: none"> <li>• Cold therapy</li> <li>• Repositioning and the encouragement of ambulation</li> <li>• Mindful breathing education and demonstration</li> </ul>
<b>SUPPORTING DOCUMENTATION:</b> Attach your multi-modal, opioid sparing pain protocol that describes pain management in pre-op, the OR, and in the post-operative period.	

<b>EARLY AMBULATION (WITHIN 8 HOURS OF SURGERY STOP TIME)</b>	
Is early ambulation discussed in the pre-operative spine education class?	Yes. Ambulation within 4-5 hours of floor arrival is emphasized in addition to regular ambulation goals while in the hospital and post-discharge.
Where is ambulation documented in the EMR?	Nursing flow sheet. Ambulation is a discrete field where time and distance are to be documented.
<b>SUPPORTING DOCUMENTATION:</b> Attach early ambulation protocol or order set that supports ambulation within 8 hours or less of surgery stop time.	

<b>DISCHARGE EDUCATION</b>	
Incision care:	<p>Unless the surgeon alters instructions to meet the specific needs of a patient, the following instructions will populate on the AVS:</p> <p><b>AFTER YOU LEAVE THE HOSPITAL:</b></p> <p>Your incision will be covered by gauze and a clear adhesive bandage called an “op-site”</p> <p>Leave this dressing on for 7 days after your surgery.</p> <p>The “op-site” is waterproof, and you may shower over this dressing starting 48 hours after your surgery.</p> <p>Showering instructions:</p>

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	<ul style="list-style-type: none"> <li>➤ Use a clean washcloth &amp; clean towel for every shower. Do not use the washcloth directly on your incision and do not share with family members.</li> <li>➤ Use a mild liquid soap such as dial. Do NOT share bar soap with other family members.</li> <li>➤ Gently clean around your incision first, then the rest of your body.</li> <li>➤ Rinse well without directly spraying the incision, making sure no soap residue remains.</li> <li>➤ When drying, pat your incision dry first with a clean towel, then dry the rest of your body being careful not to re-touch your incision.</li> <li>➤ Put on clean underclothes and clothes daily after each shower.</li> </ul> <p>DO NOT SUBMERGE THE INCISION UNDER WATER SUCH AS IN A BATHTUB, HOTTUB, OR POOL.</p> <p>If you have a neck or back brace, remove the brace to shower over the op-site.</p> <p>If the gauze gets wet from the shower or from drainage from the incision, replace the dressing with clean, dry gauze and a new op-site.</p> <p>If you have pets, do not let them sleep with you and sleep on clean sheets. Cover your favorite chair or sofa with a clean sheet to prevent pet hair from getting into your incision.</p> <p>ONE WEEK AFTER SURGERY:</p> <p>7 days after surgery, REMOVE THE OP-SITE AND GAUZE.</p> <p>Underneath the gauze, your incision will be covered by steri-strips, which look like white tape.</p> <p>LEAVE THE STERI-SRIPS ON until you have your first post-op visit two weeks after surgery.</p> <p>You may shower over the steri-strips at this point.</p> <p>If you have a neck or back brace, remove the brace to shower over the steri-strips.</p> <p>DO NOT SUBMERGE THE INCISION UNDER WATER SUCH AS IN A BATHTUB, HOTTUB, OR POOL.</p> <p>CALL DR. SPINE'S STAFF (123-456-7890) IF YOU DEVELOP ANY OF THE FOLLOWING:</p> <p>Increased pain, redness, drainage, swelling, or bleeding at the incision site.</p> <p>Separation of the skin edges.</p> <p>Fever of 100.4 or higher.</p>
<p><b>Mobility Instructions:</b></p>	<p>Unless the surgeon alters instructions to meet the specific needs of a patient, the following instructions will populate on the AVS:</p>

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	<p>Walking:</p> <p>You should begin walking short distances immediately after surgery.</p> <p>Choose a level path for walking. Do not walk on hills.</p> <p>Start with 10 minutes twice a day and work up from there. Once you are walking 20 minutes in one session, you can decrease your walk to just once a day. Your goal is 30-40 minutes/day.</p> <p>Let pain be your guide. What we mean by this is, if you have increased your walking time to 25 minutes from 20 minutes, and you experience severe pain, go back to 20 minutes for a few more days before trying to increase it again.</p> <p>Walk up and down stairs as your pain allows.</p>
<p><b>SUPPORTING DOCUMENTATION:</b> Attach example verbiage of discharge education or a deidentified screen shot of example in EMR.</p>	

SUGGESTED ERAS COMPONENTS (OPTIONAL)	
Rare Foley Catheter Usage (No placement unless surgery > 4 hours, if foley placed, remove in PACU if possible)	Our hospital has revised our OR protocol regarding placement of foley catheters. Placement only occurs for cases boarded for 3 hours or greater or with a surgeon order to do so.
Early Nutrition –back to baseline diet •Meals out of bed in chair	Patients are educated in the pre-surgical class that they will be encouraged to take all meals out of bed and in a chair. We have created bedside reminders for patients and families that show daily goals while in the hospital, including up in chair for meals, ambulation, incentive spirometry, etc.
Normoglycemia	Existing standard of care d/t SCIP Core measures
Post-discharge call with patient within 7 days (Pain, concerns, status of incision, clarification of post-op instructions, etc.)	Spine Coordinator calls each patient within 5-7 days after discharge to reinforce education, answer questions, and assess for potential problems or concerns.
TXA (minimize blood loss)	IV TXA administered in the OR on a case-by-case basis.
Nausea prevention measures	N/A
<p><b>SUPPORTING DOCUMENTATION:</b> Attach applicable order sets. Write N/A in any above categories not applicable to your site.</p>	