

Appendix I- ERP for Radical Prostatectomies at our institution.

Table 1. Pre-operative and day of surgery instructions

	Preoperative	POD 0																		
Tests	<ul style="list-style-type: none"> Blood test taken by phlebotomist: Complete Blood Count (CBC) INR, PT, PTT- CHEM7 (electrolytes, BUN, creatinine, glucose), PSA, Type and screen (T&S) Cross match 2 units Pack Red Blood Cells (PRBC) 0-4 days preop CXR (r/o mets, lung disease) ECG (if over 40 years old) Cross match 2 units PRBC 	<ul style="list-style-type: none"> Cystogram ordered prn for the specified date Order Chest X-Ray in PACU if central line in situ Take CBC in PACU, page service with result 																		
Consults	<ul style="list-style-type: none"> Anesthesiologist consult prn 																			
Treatments/ Nursing care	<ul style="list-style-type: none"> Appointment with urology nurse, for instructions re: Kegel exercises Read “ patient prostatectomy clinical pathway” with patient/delegate Pre and post-op teaching Record baseline VS and notify physician of abnormalities as per orders Complete O.R. checklist Measure for size AES + on in preop + sequential compression devices for OR 	<ul style="list-style-type: none"> Inspirometer 10 x q1h while awake- chest physiotherapy q4h prn Foley catheter to straight drainage AES until fully ambulating JP to bulb suction 																		
Medications	<ul style="list-style-type: none"> Prescription given and patient understands why and how to take medication Revision of medication to take in the morning of surgery prn 	<ul style="list-style-type: none"> PCA pump Restart patient’s own medication as ordered by physician 																		
Activity		<ul style="list-style-type: none"> Up in chair after arrival to floor. 																		
Nutrition/Diet /hydration	<ul style="list-style-type: none"> Explain to patient/family member what is a clear fluid diet prn. All patient should stop eating from midnight. Patient can have 100g of carbohydrate drink (no diet drinks) during the evening-list of options given to patient. <table border="1"> <thead> <tr> <th>Carbohydrate drink</th><th>During evening prior to surgery</th><th>Morning of surgery-2 hours Before admission</th></tr> </thead> <tbody> <tr> <td>Apple juice</td><td>850 ml</td><td>425 ml</td></tr> <tr> <td>Orange juice (no pulp)</td><td>1000 ml</td><td>500 ml</td></tr> <tr> <td>Ice tea</td><td>1100 ml</td><td>550 ml</td></tr> <tr> <td>Cranberry cocktail</td><td>650 ml</td><td>325 ml</td></tr> <tr> <td>Lemonade</td><td>1000 ml</td><td>500 ml</td></tr> </tbody> </table>	Carbohydrate drink	During evening prior to surgery	Morning of surgery-2 hours Before admission	Apple juice	850 ml	425 ml	Orange juice (no pulp)	1000 ml	500 ml	Ice tea	1100 ml	550 ml	Cranberry cocktail	650 ml	325 ml	Lemonade	1000 ml	500 ml	<ul style="list-style-type: none"> Start patient on clear fluid diet IV D5NS +20mEq Kcl at150cc/hr
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Patient & Family teaching/ discharge teaching	<ul style="list-style-type: none"> Review of radical prostatectomy clinical pathway Discuss discharge plans/expected length of stay at hospital 																			

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Table 2. Postoperative instructions for post-operative day 1 and 2

	POD 1	POD 2
Tests	<ul style="list-style-type: none"> CBC, lytes 	<ul style="list-style-type: none"> JP fluid for creatinine at 06:00
Consults	<ul style="list-style-type: none"> Physiotherapy consult prn 	
Treatments/ Nursing care	<ul style="list-style-type: none"> Inspirometer 10 x q1h while awake- chest physiotherapy q4h prn Consult Assistant Nurse Manager (A.N.M) or Nurse Manager (N.M) or social worker or patient flow coordinator for complex D/C planning Foley catheter to straight drainage AES until fully ambulating JP to bulb suction Plan Discharge home tomorrow CLSC request completed for clip removal, drgs changes, Foley care etc... 	<ul style="list-style-type: none"> Inspirometer 10 x q1h while awake- chest physiotherapy q4h prn Foley catheter to straight drainage AES until fully ambulating Discharge patient home if; <ul style="list-style-type: none"> Afebrile. Ambulating well or at preoperative baseline, Pain well controlled $\leq 4/10$, Tolerating foods, Wounds appears well approximated and no signs of infections Ability for patient/caregiver to demonstrate foley bag care as per the urology floor Catheter Care instruction sheet. Ensure that routine f/u appointment is arranged in clinic, 1 month postoperative with PSA lab request. Ensure appointment scheduled for foley removal and removal of drains prn are taken
Medications	<ul style="list-style-type: none"> Transition from PCA pump to oral analgesic 	<ul style="list-style-type: none"> Restart patient's own medication as ordered by physician
Activity	<ul style="list-style-type: none"> AOOB for all meals prn Ambulate length of ward (35 meters)- QID 	<ul style="list-style-type: none"> Ambulate length of ward (35 meters)- at least QID with assistance prn D/C home in a.m. (before lunch@ 11:00)
Nutrition/Diet /hydration	<ul style="list-style-type: none"> Advance to Full fluids in a.m Advance to D.A.T. + nutritional supplement with each meal 	<ul style="list-style-type: none"> Patient tolerating DAT
Patient & Family teaching/ discharge teaching	<ul style="list-style-type: none"> Review/reinforce postop instructions with patient/family member/friend if possible re; <ul style="list-style-type: none"> Activities Medication, pain control, prevention of constipation Diet, Incision care Foley care Follow up appointment Contact number Review "path to home guide" as needed 	<ul style="list-style-type: none"> Assess coping/anxiety & provide support Review "path to home guide" as needed Patient & family planning D/C home tomorrow\