

Nursing and Advanced Practice Providers are Key Stakeholders in ERAS

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I have no financial or nonfinancial
relationships to disclose.



My Role

- General Pediatric Surgery Nurse Practitioner
 - Outpatient Clinics
- Certified Wound / Ostomy Nurse Practitioner
 - Inpatient and outpatient

My Role in ENRICH-US

- Identifying patients
 - shared responsibility among team members
- Consenting patients into the program
 - shared responsibility among team members
- Preoperative education session with patient and at least 1 adult family member prior to operative procedure
 - pending implementation
- Postoperative stoma education and troubleshooting with patient/families

APP Role in Preoperative Education

- The WHY

- Better educational environment
 - Cognitive overload in postoperative environment
- Introduction to the CWON team
 - Ongoing stoma management
- Prepare patients and families for elective GI surgery in a controlled setting
 - Provide multimodal educational opportunities
 - Videos, InsideOut platform, pamphlets, hands-on demos of pouching/stoma care
- Answer questions, review materials, order samples



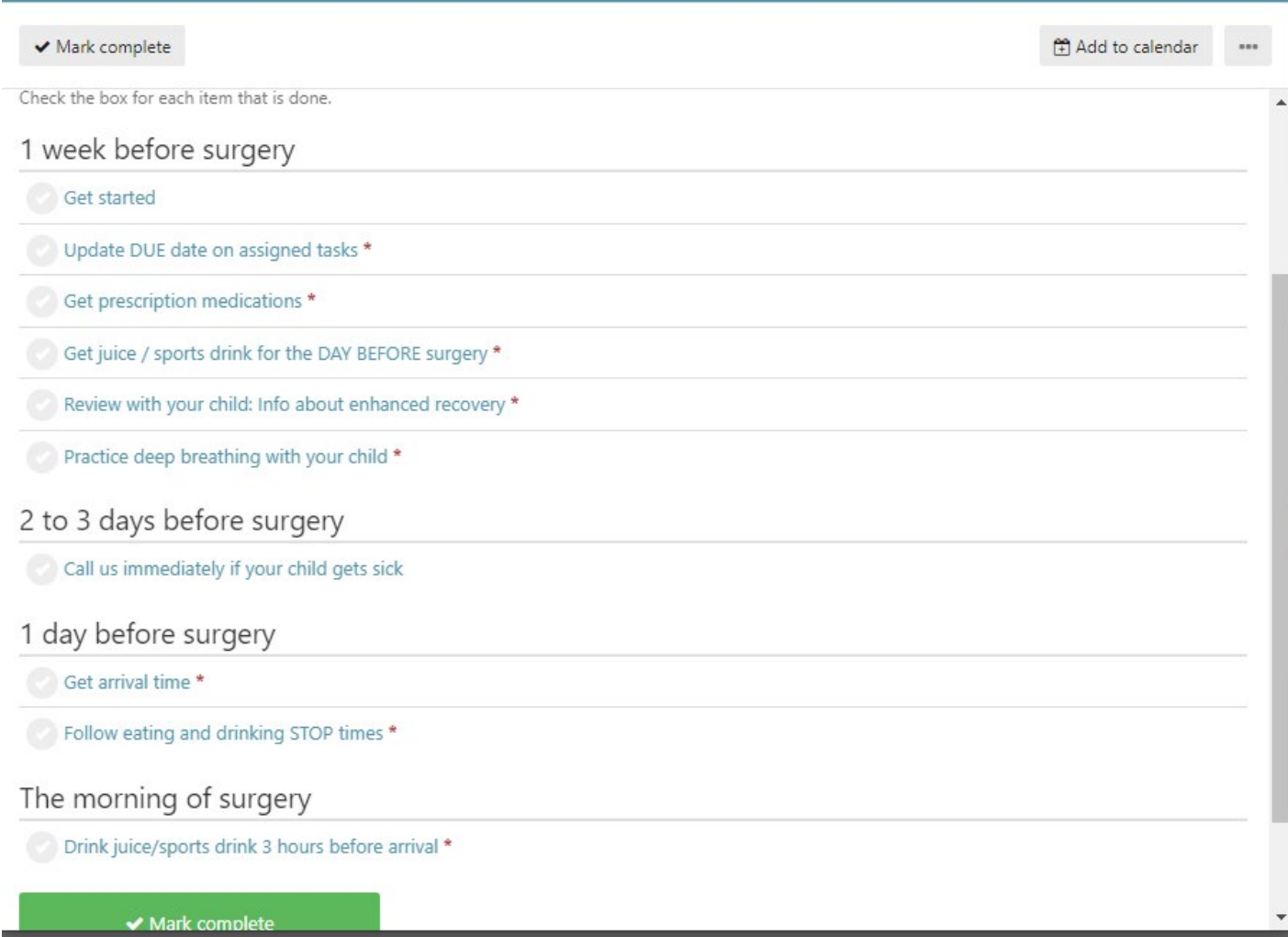
ENRICH-US for Patients and Families



<https://youtu.be/1qsE02fCE4E>

InsideOut Platform

- Care platform for creating and launching custom apps
 - clinical support tool to assist with gaining and giving information to patients
- Does not require IT services
- Allows for express preparation
- The app can include education, forms, reminders, videos, etc.
- InsideOut is contracted to support ENRICH-US activities at no cost!



✓ Mark complete Add to calendar

Check the box for each item that is done.

1 week before surgery

- Get started
- Update DUE date on assigned tasks *
- Get prescription medications *
- Get juice / sports drink for the DAY BEFORE surgery *
- Review with your child: Info about enhanced recovery *
- Practice deep breathing with your child *

2 to 3 days before surgery

- Call us immediately if your child gets sick

1 day before surgery

- Get arrival time *
- Follow eating and drinking STOP times *

The morning of surgery

- Drink juice/sports drink 3 hours before arrival *

✓ Mark complete

APP Role in Postoperative Care

• The WHY

- Educate nursing staff on new protocols
- Implement standardized order-sets
 - Reduce surgical pain
 - Reduce surgical complications
 - Improve patient outcomes
 - Decrease hospital stay
- Prepare patients and families for discharge
- Answer questions, review materials

PRE-OPERATIVE	<ul style="list-style-type: none"> * Encourage PO intake of high carb clear liquids 2 hours prior to surgery. These high carb clear fluids help to decrease post-op insulin resistance protein break-down, and maintains glucagon reserves & improves muscle strength. * Incentive spirometer & a Deep Breathing video will help to encourage adequate respiratory function throughout the surgical process. * PO Lyrica (pregabalin) and Scopolamine patch will be administered in the Pre-operative area. * Versed will be administered PO in the Pre-operative area once all consents are signed.
INTRA-OPERATIVE	<ul style="list-style-type: none"> * Ensure that DVT prophylaxis is in place. Apply SCDs or foot pumps. * Ensure a nasopharyngeal temperature probe and Bair Hugger are being used. * Confirm all fluids are running on IV pumps. Stricter I&O's are needed during surgery for optimal outcomes.
PACU	<ul style="list-style-type: none"> * Many patients will have an epidural placed with a hydromorphone PCA * Tylenol, Lyrica (pregabalin), Gabapentin, and Valium (diazepam) may all be ordered for multi-modal pain control * Underlying causes of pain need to be addressed before administering narcotics. For example, warm compresses, ice packs, Ditropan for bladder spasms, simethicone for gas pain. * When transferring patient to the floor please identify them as an ERAS patient.
POSTOPERATIVE	<ul style="list-style-type: none"> * Strict I & O's at all times with daily weights. * Incentive spirometer while awake, 10 times per hour. Encourage deep breathing using video. * Tylenol, Lyrica (pregabalin), Gabapentin, and Valium (diazepam) may all be ordered for multi-modal pain control. Once tolerating PO, the goal is to remove the epidural and transition to oral medications while minimizing opioids. * Underlying causes of pain need to be addressed before administering narcotics. For example, warm compresses, ice packs, Ditropan for bladder spasms, simethicone for gas pain. * Mobilize patient out of bed to chair or ambulate five times daily starting day after surgery. It is ok to ambulate sooner. * Clear liquid diet. Advancement following instructions from the primary team * Patient will have consults placed for PT, OT, and child life.

How do these protocols affect nursing staff?

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Final Thoughts on APP and Nursing Involvement

- Education, education, education!!
- Realistic expectations for patients/families
- Providing different types of materials for various types of learners
- Consistency in messaging preoperatively through postoperatively
- Education of nursing staff on importance of the standardized order-sets and protocols
- Participation and commitment are needed from the patient, surgeons, anesthesiologists, APP, and nursing staff in order to be successful

Questions?

Comments?

Concerns?

Thank you!

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