

Colorectal Surgery ERAS Protocol for Anesthesia Providers

			Notes/Details	
DOS Preop	Preparation	Patients to drink clear carb beverage 2h prior	Carb drink provided by surgery clinic, verified by preop nurse. Diabetic patients excluded.	
		Warming blanket applied in preop	Holding room orders written by surgery team as part of pathway; anesthesia team may verify as needed	
		Blood glucose check for diabetics		
	Meds	Analgesic	Acetaminophen 1g PO x1	Epidural placement in preop area vs OR
			Thoracic epidural placement for open case (verify with surgery team)	
IVF		PIV, Plasmalyte @ 30 mL/hr		
	Antiemetic	Consider aprepitant for high risk individuals		
Intraop	Temp	Maintain temp >36c		
	OG	Orogastric tube to low intermittent suction		
	Glucose control	Check and treat intraop if >180 mg/dl in preop		
	Medications	VTE ppx	Heparin 5000u sq x1 after epidural placement	
		IVF	NTE 2 L for straightforward colectomies unless EBL>300ml	
		Antibiotics	Ceftriaxone 2g IV + metronidazole 500 mg IV over 30 min before incision	Start metronidazole when entering OR
			Dexamethasone	4mg IV x1 after induction. Consider alternate in poorly controlled diabetics
			Ondansetron	4mg IV x1 at end of case
			Propofol gtt	If >3 risk factors
		Metoclopramide	Consider if >3 risk factors	
	Pain Management	All	Minimize opioids	
			If Opioid-Tolerant, start ketamine load and infusion. 0.2 mg/kg x 1, then 2 mcg/kg/min.	
			Ketorolac	If confirmed with surgery at timeout and closing debrief, 30 mg IV x1 at end of case
		Laparoscopic/Ostomy	Lidocaine gtt	2 mg/kg/hr IV
			Magnesium gtt	6 mg/kg/hr IV. Consider loading with 30 mg/kg over 30 min
Open	Thoracic Epidural: 0.1% bupivacaine + fentanyl 2 mcg/ml	6-8 mL/hr		
	TAP or rectus sheath block/catheters if not amenable to epidural			
PACU		Minimize opioids where possible		
		Order anti-emetics	Where possible, use agents of different class than those given for ppx. Consider famotidine if GERD or steroid use	
		Continue epidural infusion if in place	APS team to follow	