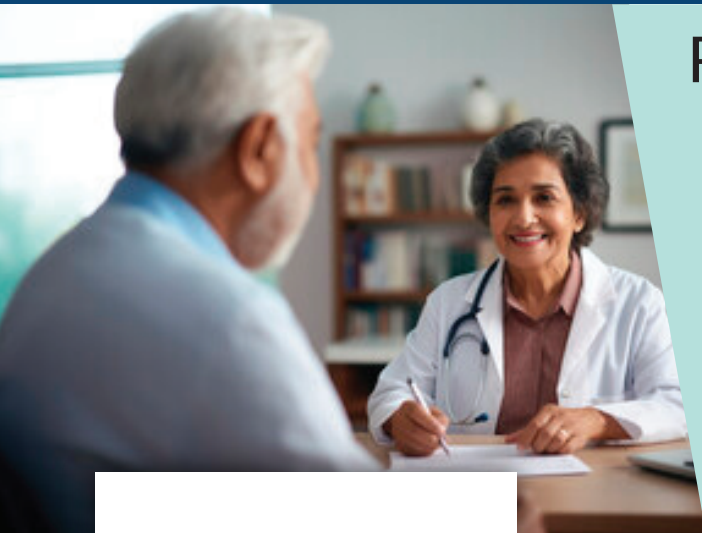


Cardiac Surgery ERAS® Pathway

BOLD= Included in ERAS® Cardiac Society Guidelines
ITALICS= Not included in ERAS® Cardiac Guidelines



Pre-op

Patient

Bathe/shower the night before/morning of with 2% CHG wipes or antibacterial soap

Trim beard

NPO after midnight for solid food encourage clears until 2-4 hours prior to scheduled OR time

Consume carbohydrate drink (timing per institution)

NPO 2-4 hours before surgery (timing per institution) except specified meds with a sip of water

Clip hair (NO shaving)

Oral hygiene prior to OR

Patient

Consult with a surgeon
Complete pre-operative testing

Surgeon, APP, RN, Navigator

ERAS® Education:
Multimodal pain management
Limited preoperative fasting
Early return to eating
Preoperative carbohydrate loading
Early mobility
Nutrition (pre & post-op)
Surgical site infection prevention: glucose control, preoperative bathing, nasal decolonization
Bowel regime (postoperative)
MSSA/MRSA swab & treat accordingly
Preoperative optimization:
Glucose control
Anemia correction
Fragility screening
Exercise training
Smoking/substance abuse cessation
Nutrition optimization
Anxiety reduction
Social support
Delirium screening
AKI screening
POAF screening

Anesthesiologist

Patient Education
Multimodal pain management
Postoperative nausea and vomiting prevention
Bowel regime
Respiratory care

Pre-op Area

ERAS® education reinforced & and confirm preop instructions were followed

Multimodal pain management

Confirm NPO status

Preoperative carbohydrate loading (validate if completed)

Early mobility

Plan for early post-feeding

Nutrition supplements postop as needed

Surgical site infection prevention: glucose control, preoperative bathing, nasal decolonization

MRSA/MSSA screening

Bowel regime (postoperative)

Confirm pre-op medications held and taken as instructed.

Administer pre-op multimodal medications per institutional guidelines.

Glucose management

Nose/oral/skin decolonization

Apply foam dressing to sacrum.

Disposable leads placed

Anesthesiologist/CRNA

ERAS® education

Multimodal pain management

Postoperative nausea & vomiting prevention

Extubation goals

Plan for regional anesthesia

Postoperative nausea and vomiting risk assessment



DAY OF SURGERY

Intra-op

Anesthesiologist/CRNA/OR Team

Administer weight-based antibiotic prophylaxis and redose per evidence-based guidelines

PONV prevention bundle per institution

Opioid-sparing approach with minimization of opioids

Glucose Control (goal blood glucose <180)

Infection prevention bundle

Consider regional anesthetics

Active rewarming post bypass: Goal normothermia (>36° C)

Maintain hemodynamic stability using goal-directed therapy

Patient blood management

Protective lung ventilation

Postoperative

Critical Care Team

Multimodal pain management (minimize opioids)

Early return to eating

Early mobility

Surgical site infection prevention: oral care, skin care, incision assessment, normothermia

Bowel regimen

Blood glucose control

Continued Goal-directed therapy

Extubation within 6 hours

Evidenced-based activity progression of upper extremities

Incentive spirometry use hourly while awake

Gum chewing

Early removal of lines, tubes, wires, drains

DVT prophylaxis

Patient engagement: Ongoing ERAS® education

Atrial fibrillation prophylaxis

Telemetry/Ward Team

Multimodal pain management (minimize opioids)

Advance diet as tolerated

Evidenced-based activity progression of upper extremities

Ambulation 3-4 times daily

Out of bed for all meals

Surgical site infection prevention: oral care, skin care, shower/bathing, incision care and assessment

Bowel regimen

Blood glucose control

Atrial fibrillation prophylaxis

Incentive spirometry use hourly while awake

Gum chewing

Early removal of lines, tubes, wires, drains

DVT prophylaxis

Patient engagement: Ongoing ERAS® education

Discharge instructions



POST-OP