

Enhanced Recovery After Surgery (ERAS)

Clinic Visit and Pre-operative Management



Patients Eligible for Enhanced Recovery After Surgery

Patients > 2 years undergoing general anesthesia and a general surgery procedure

Pre-op Clinic Visit

- Detailed counseling by the surgeon and nursing staff
- Informational packet given to patient and parents on Enhanced Recovery After Surgery
- Clinical course and expectations established including discharge plan
- Post-operative Nausea and Vomiting Score Calculated
- Pre-operative prescriptions given to parents for pain control (Tylenol/Gabapentin)
- Medical staff to follow up with phone instructions on the day prior to surgery and confirm that family has reviewed informational materials

Morning of Surgery

- Encourage clear liquids as instructed by surgical team
- Preoperative carbohydrate loading completed as instructed by surgical team
- Place Sequential Compression Devices for patients 12 or greater
- Pre-op medications given

Pre-Operative Medications

Medication	Dosage	Max Dose	Comments
Gabapentin	10mg/kg	300mg	3 hours prior to surgery
Tylenol	15mg/kg PO q6h	3000mg per 24h	Started evening prior to surgery
Decadron	0.15mg/kg IV	5mg	Given by anesthesia provider
Ondansetron	0.05-0.1mg/kg IV	4mg	Given by anesthesia provider

Intra- Operative

- Antibiotics given within 1 hour of incision
- Avoidance of nasogastric tubes or peritoneal drains
- Regional anesthesia as appropriate
- Minimize narcotic use and maintain zero fluid balance

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Post-operative Management and Discharge



	Day of Surgery	Post-operative Day 1	Post-operative Day 2+
Nutrition	<ul style="list-style-type: none"> • Early oral intake starting in PACU • Chewing gum 	<ul style="list-style-type: none"> • Advancement of diet as tolerated • Gum chewing 	<ul style="list-style-type: none"> • Normal diet for age and development • Gum chewing
Pain Control	<ul style="list-style-type: none"> • Minimize narcotic use 	<ul style="list-style-type: none"> • Early transition to oral medications • Avoid narcotics 	<ul style="list-style-type: none"> • Assess pain control with oral medications • Avoid narcotics
Activity	<ul style="list-style-type: none"> • Early mobilization 	<ul style="list-style-type: none"> • Ambulation 5x / day out of the room • Dress and shower independently or as normal for age 	<ul style="list-style-type: none"> • Ambulation 5x / day out of the room • Dress and shower independently or as normal for age
Fluids	<ul style="list-style-type: none"> • Limit fluid boluses • Near zero fluid balance 	<ul style="list-style-type: none"> • Discontinue IVF when adequate PO intake • Encourage PO fluid intake for positive fluid balance 	<ul style="list-style-type: none"> • Discontinue IVF when adequate PO intake • Encourage PO fluid intake for positive fluid balance
Respiratory	<ul style="list-style-type: none"> • Incentive spirometry (Age >4y) • Bubble blowing (Age <4y) 	<ul style="list-style-type: none"> • Incentive spirometry (Age >4y) • Bubble blowing (Age <4y) 	<ul style="list-style-type: none"> • Incentive spirometry (Age >4y) • Bubble blowing (Age <4y)

Post-Operative Medications

Medication	Dosage	Max Dose	Comments
Ketorolac	0.5mg/kg IV q6h x 72h	15mg	Surgeon preference
Gabapentin	10mg/kg PO q8h x 72h	300mg	Dose may be adjusted if too drowsy
Acetaminophen	15mg/kg PO q6h	3000mg / 24h	Scheduled
Morphine	0.05-0.1mg/kg IV PRN		Breakthrough pain only
Hydromorphone	0.005-0.01mg/kg IV q4h PRN		Breakthrough pain only

Discharge Criteria

- Ambulated successfully or as normal for patient
- Able to dress and shower independently (or as before surgery)
- Tolerating diet with positive oral fluid balance
- Pain well controlled with oral medications
- No fevers during previous 24 hours
- Determined by surgical team to be safe for discharge

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