

“Enhanced Recovery After Surgery (ERAS): Bridging the Gaps In Multimodal Analgesia”

Presented by:

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on May 27, 2020

Webcast Questions and Answers

(Answers are in **bold**)

Questions:

1. When collecting data, are you collecting a specific medication dose? Or are the drop downs that you are using something like "yes dose as per the order set vs no the dose is not according to the standard dose set." If you collect a specific dose do you average that for collective data or how do you use the patient specific dose information?
 - a. **I am collecting specific medication dosages administered. I total for the patient, then use an average to report out on surgery type or surgeon.**
2. What percent of hospitals have adopted ERAS?
 - a. **I am unsure of that number. I have a brand new book that I am using for reference, “Enhanced Recovery After Surgery” by Ljungkist et al.**
3. Have you found any issues with pain control in patients that have been taking opioids regularly for chronic pain? For example a patient taking 90 MME day for chronic pain.
 - a. **While it is not a problem, they do use the prn meds more and their morphine equivalents are higher, but that is to be expected. One of the things I have taught our new nurses is that the patient comes in with a MME already and we have to go above that in order to take care of their acute pain. It is really important they understand that.**
4. What Electronic Mainframe system do you use? Are all your audits a "manual" field(s) collection or does some info come from Electronic Chart system?
 - a. **We use Cerner and unfortunately, right now it is manual. I have had several people look at the elements I collect, but they (our IT) have not been able to give me a report that responds to all of the elements. Pharmacy has said they can run a report on the meds administered and then another report on MME. I would have to marry the two reports. So... right now it takes me about 12 minutes to do a complete chart audit.**
5. Are you able to track how many opiates pts are actually taking post op vs how many were Rx? We have found that many Pts take less than Rx'd.

- a. **Yes I am tracking the actual amount of opioids used postop; not what is prescribed and you are correct they are not taking as much.**
6. What do you recommend for people who are unable to take the clearfast or impact d/t sensitivities or allergies?
 - a. **Impact is gluten free, lactose tolerant, low residue, kosher and halal. Other high protein drinks may be substitute, but the protein amounts tend to not be as high (Impact is 22% compared to 12-16%) See Nutritional attachments**
 - b. **Clearfast – we use Gatorade 2 or water. The patient gets the fluid but not the carbohydrate load.**
7. Do you recommend increase glucose monitoring pre/post for patients with diabetes?
 - a. **We check glucose on am of surgery, on arrival to PACU and then on the floor just like any other diabetic.**
8. How do you time antihyperglycemics and/or insulin pre-operatively? Especially given continued calorie intake for closer to surgery time.
 - a. **Our current anesthesia orders are all oral diabetic medications and insulin is to be held the am of surgery. If there are special circumstances – brittle diabetic, type 1, anesthesia is consulted for further orders.**
9. Have you had any concerns with the warnings with Celebrex with increase GI bleeding, heart attack and stroke?
 - a. **We have had not had those concerns. We have not seen increases in any of those patient populations.**
10. For patients on chronic pain analgesics or patients receiving medications for addiction treatment such as suboxone or methadone, is there a different approach for pain management for these patients populations?
 - a. **We continue their methadone and suboxone and by adding the other analgesics and using the blocks we are able to keep their pain under control. Occasionally we will have some someone who maintains at a 7/10, but we continue to utilize allof our meds to alleviate pain. We also can contact our Pain Clinic if needed, but that is not something we have had to do in the two and a half years of our program.**
11. When you have a chronic pain patient on > 90me/day, how do you deal with their baseline requirements and still maintain adequate pain control?
 - a. **Utilization of acetaminophen, gabapentin, toradol, RTC and their baseline meds.**
12. Why do you restrict lidocaine infusions from coming into the PACU?
 - a. **Pharmacy feels it is too much of a risk. Personally, I disagree and I believe solid education of staff would decrease that risk.**
13. Do you have information about pain control/patient satisfaction in the first week at home? I am also wondering about the role and frequency of epidural use in the abdominal and thoracic surgery patients.
 - a. **One of the next steps for me is to analyze the home usage during that first week home. Currently at our institution, we are not using epidurals on our abdominal patients. We are using primarily the TAP block with good success. We are not using ERAS protocols on our thoracic cases yet.**
14. With increased blocks, and ketamine use, did your general anesthesia needs decrease?
 - a. **Our fentanyl usage has come down in the OR. I have not looked at the levels of gas utilized.**

IMPACT PRODUCT DETAILS

kcal/mL: 1.0

Caloric Distribution (% of kcal)

Protein: 22%

Carbohydrate: 53%

Fat: 25%

Protein Source: sodium and calcium caseinates (milk), L-arginine

Supplemental L-Arginine: 12.5 g/L

Dietary Nucleotides:** 1.2 g/L

NPC:N Ratio: 71:1

n6:n3 Ratio: 1.4:1

EPA + DHA: 1.7 g/L

Meets 100% RDI for 24 key micronutrients: 1500 mL

Osmolality (mOsm/kg water): 375

Water: 85%

HCPCS Code B4154

***From yeast RNA*

Suitable for these diets: lactose intolerance***, gluten-free, low-residue, kosher, halal

****Not for individuals with galactosemia*

INGREDIENTS (UNFLAVORED): WATER, MALTODEXTRIN, SODIUM CASEINATE (MILK), AND LESS THAN 2% OF: PALM KERNEL OIL, L-ARGININE, CALCIUM CASEINATE, REFINED FISH OIL (ACHOVY, SARDINE), CITRIC ACID, HIGH OLEIC SUNFLOWER OIL, HIGH LINOLEIC SAFFLOWER OIL, MAGNESIUM CHLORIDE, POTASSIUM CITRATE, CALCIUM PHOSPHATE, SODIUM CITRATE, YEAST EXTRACT, SOY LECITHIN, POTASSIUM CHLORIDE, POTASSIUM PHOSPHATE, CELLULOSE GEL, CELLULOSE GUM, SODIUM ASCORBATE, CHOLINE CHLORIDE, CARRAGEENAN, DL-ALPHA-TOCOPHERYL ACETATE, ZINC SULFATE, FERROUS SULFATE, NIACINAMIDE, COPPER GLUCONATE, CALCIUM PANTOTHENATE, MANGANESE SULFATE, THIAMINE HYDROCHLORIDE, BETA-CAROTENE, VITAMIN A PALMITATE, PYRIDOXINE HYDROCHLORIDE, RIBOFLAVIN, FOLIC

ACID, SODIUM MOLYBDATE, CHROMIUM CHLORIDE, BIOTIN, SODIUM SELENITE,
 POTASSIUM IODIDE, PHYTONADIONE, VITAMIN D₃, VITAMIN B₁₂

CONTAINS: MILK AND SOY INGREDIENTS

Nutrition Information <i>(Unflavored)</i>		250 mL (1 Carton)	1000 mL
Calories	kcal	250	1000
Total Fat	g	7	28
Sodium	mg (mEq)	240 (10.4)	960 (41.7)
Potassium	mg (mEq)	400 (10.2)	1600 (41)
Total Carbohydrate	g	33	132
Protein*	g	14	56
Vitamin A			
Retinol	mcg	250	1000
Beta-Carotene	mcg	500	2000
Vitamin C	mg	20	80
Calcium	mg	200	800
Iron	mg	3	12
Vitamin D	mcg	3.3	13.2
Vitamin E	mg	10	40
Vitamin K	mcg	17	68
Thiamin	mg	0.5	2
Riboflavin	mg	0.43	1.7
Niacin	mg	5	20
Vitamin B₆	mg	0.4	1.6
Folic Acid	mcg	100	400
Vitamin B₁₂	mcg	2	8
Biotin	mcg	50	200
Pantothenic Acid	mg	1.7	6.8
Phosphorus	mg	200	800
Iodine	mcg	25	100
Magnesium	mg	68	272
Zinc	mg	3.8	15.2
Selenium	mcg	25	100
Copper	mg	0.42	1.7
Manganese	mg	0.5	2
Chromium	mcg	25	100
Molybdenum	mcg	50	200
Chloride	mg (mEq)	325 (9.2)	1300 (36.6)
Choline	mg	68	272
Water	mL	213	852

**Includes 3 g/250 mL and 12 g/1000 mL supplemental L-arginine*

Ref: Product Insert Impact

Reference: <https://www.health.harvard.edu/staying-healthy/supplemental-nutrition-drinks-help-or-hype>

Drink (8 ounces)	Calories	Fat (grams)	Protein (grams)	Carbohydrate (grams)
Boost high protein	240	6	15	33
Ensure high protein	230	6	12	31
Protein Zone by Naked Juice	220	2	16	34
Bolthouse Farms Protein Plus (mango flavor)	190	1	16	31

Clearfast:

Nutrition Facts	Valeur Nutritive	
Serving Size	<i>Portion</i>	355 ml/ 12 fl oz
Servings Per Containers	<i>Portion Par Contenant</i>	1
Amount Per Serving	Quantite Par Portion	
Calories	<i>Calories</i>	200
Fat	<i>Lipides</i>	0g
Sodium	<i>Sodium</i>	188mg
Potassium	<i>Potassium</i>	45mg
Carbohydrates	<i>Glucides</i>	50g
Sugars	<i>Sucres</i>	5g
Proteins	<i>Proteines</i>	0g
L-Citrulline	<i>L-Citrulline</i>	3g
Vitamin A	<i>Vitamine A</i>	50% Daily Value
Selenium	<i>Selenium</i>	10% Daily Value
Zinc	<i>Zinc</i>	35% Daily Value

Gatorade G2:

- Calories 30.
- Total Fat 0g.
- **Sodium** 160mg.
- Potassium 45mg.
- Total Carbohydrate 8g.
- Protein 0g.