

The daily ERAS ward round card

Six questions, every patient, every day. Pocket size — print two-up and laminate.

1	PAIN Score now? Is the scheduled paracetamol and NSAID actually being given, or is it written PRN? Repeated rescue doses = review the plan.
2	EATING & DRINKING What, how much, since when? Oral fluids day 0, diet within 24 h. Vomiting → treat the nausea, do not stop the food.
3	MOVING Hours out of bed yesterday, against the ≥ 3 h target from POD 1. Cannot? Find the cause — pain, hypotension, a tube, or fear.
4	TUBES What is still in? What is its written removal trigger? Has that trigger been met?
5	DRIP Still needed now they are drinking? Stop it. Do not run IV fluids into a patient who is eating.
6	DISCHARGE Which criteria are met, which are not, and what is the plan for the ones that are not?

Expected milestones

	POD 0	POD 1	POD 2	POD 3-4
Eating	Sips, then free clear fluids	Diet + supplement	Normal diet	Normal diet
Moving	Sit out 2 h	≥ 3 h out of bed, walk to corridor	≥ 3 h, walking further	Independent, at baseline
Tubes	No NG, no routine drain	Catheter out (colonic MIS)	Catheter out (rectal MIS)	None
Drip	Running	Stopped once drinking	Off	Off
Analgesia	Block + scheduled non-opioids	Scheduled non-opioids, rescue rare	Oral only	Oral only

Escalate the SAME DAY, not on tomorrow's round

New tachycardia · fever · rising oxygen requirement · new confusion · distension and vomiting after previously tolerating diet · **any ileus that appears or worsens after day 3.**

An ileus that gets worse when it should be getting better is an anastomotic leak until proven otherwise. A fever is never ileus. In most audits, 'slow progress' recorded for three consecutive days turns out to be a missed complication.