

The ERAS pathway on one page

Print at A3 and put it on the ward wall. Elements marked ● need no new budget.

BEFORE SURGERY	DURING SURGERY	AFTER SURGERY
● Structured patient and family education Expectations, milestones, the patient's own tasks ● Nutrition screening (MUST / NRS-2002) Act on every abnormal result Anaemia screened and treated IV iron ± EPO if iron deficient and time is short ● Smoking cessation offered ≥4 weeks A date, a reason, a follow-up call Alcohol cessation in hazardous use ≈4 weeks (weak recommendation, 2025) ● Prehabilitation prescribed with numbers Walking, sit-to-stand, breathing, protein ● No routine mechanical bowel prep Oral antibiotics where indicated; IV prophylaxis always ● Solids until 6 h before induction Not from midnight ● Clear fluids until 2 h before induction Water, clear tea/coffee, juice without pulp ● Carbohydrate drink ≈100 g the night before, ≈50 g in 400 mL at 2 h ● No long-acting sedative premedication It delays everything downstream ● VTE risk assessed (Caprini) and prescribed Mechanical + pharmacological per score	● WHO checklist run as a conversation Sign in · Time out · Sign out, everyone speaks Antibiotic within 60 min of incision 120 min for vancomycin or a fluoroquinolone ● Hair clipped, not shaved, immediately before Chlorhexidine-alcohol skin prep ● Short-acting anaesthetic agents Wake clear-headed, eat, drink and move Regional / multimodal analgesia Epidural, spinal, intrathecal morphine or fascial plane block ● Scheduled paracetamol + NSAID Opioid as rescue only, with a ceiling PONV prophylaxis by Apfel score 0–1 → 1 agent · 2 → 2 · 3–4 → 3+ and change technique Goal-directed fluids, slightly positive Balanced crystalloid; up to ~2.5 kg gain (2025) ● Normothermia ≥36 °C, measured Warm theatre, warm fluids, cover everything Minimally invasive approach Standard of care where available (2025) ● No routine abdominal drain If placed for a reason, remove early ● No nasogastric tube left in situ Remove before leaving theatre	● Oral fluids on the day of surgery Sips once awake, then free clear fluids ● Oral diet within 24 hours Treat nausea; do not stop the food ● Out of bed the evening of surgery Aim 2 hours in the chair ● ≥3 hours out of bed per day from POD 1 In divided sessions. Document it. (2025) ● IV fluids stopped once drinking Do not run both ● Catheter out ≤24 h colonic / ≤48 h rectal MIS timings (2025) ● Scheduled non-opioid analgesia 'As required' means 'not given' ● Chewing gum offered Returned as an ileus option (2025) Thromboprophylaxis continued Up to 28 days after major cancer / pelvic surgery ● Daily ward round asks the six questions Pain · eating · moving · tubes · drip · discharge ● Discharge on written criteria, not day count Five clinical + three social ● Telephone call at 48-72 hours The cheapest safety net there is

● = **no new budget required**. More than half the pathway costs nothing, and that half carries much of the outcome benefit. Start there, measure compliance from day one, and add the rest as resources allow. Compliance is the dose: benefit appears above roughly 70–80% adherence.