

Preoperative ERAS screening checklist

One page per patient. Every abnormal finding needs a written action, not a note.

Patient	Age	Procedure	Date of surgery	Days available

The six-item screen

#	Screen	Finding	Action required if abnormal	Done
1	Anaemia Hb, ferritin, transferrin sat.	Hb ____ g/dL	Iron studies. If deficient: IV iron ± EPO (works in days-2 weeks). Oral iron needs ~4 weeks.	☐
2	Nutrition MUST or NRS-2002, BMI, weight loss	Score ____ BMI ____	High-protein oral supplements 5-7 days preop. Dietitian referral. Consider immunonutrition.	☐
3	Glycaemia HbA1c if diabetic or at risk	HbA1c ____ %	Optimise before surgery. Write a perioperative glucose plan. Target <10 mmol/L (180 mg/dL).	☐
4	Smoking	Cigarettes/day ____	Offer cessation with a QUIT DATE ≥4 weeks preop, a reason, and a follow-up call.	☐
5	Alcohol Hazardous use	Units/week ____	Offer ≈4 weeks abstinence (weak recommendation 2025, still worth offering).	☐
6	Function Exercise tolerance, frailty, cognition	METs ____	Prescribe prehabilitation with numbers. Baseline cognition in the elderly.	☐

Prophylaxis and preparation

☐	VTE risk assessed (Caprini score ____) and prophylaxis prescribed, timed around any neuraxial block
☐	Antimicrobial prophylaxis chosen, dose weight-adjusted, to be given within 60 min of incision
☐	PONV risk scored (Apfel ____ /4) and the number of agents matched to the score
☐	Mechanical bowel preparation NOT ordered (unless a specific indication is documented below)
☐	Oral antibiotics prescribed if colorectal resection and local protocol requires
☐	Fasting written as: solids until 6 h, clear fluids until 2 h before induction
☐	Carbohydrate drink prescribed — ~100 g the night before, ~50 g in 400 mL two hours before
☐	Long-acting sedative premedication NOT prescribed
☐	Structured preoperative education delivered, with teach-back on three points
☐	Patient milestone card issued and explained to the patient AND a family member
☐	Prehabilitation prescribed in writing with numbers (walking, sit-to-stand, breathing, protein)

Bowel preparation. Mechanical preparation alone has no benefit and causes dehydration and electrolyte disturbance — do not use it routinely. If it is genuinely indicated and PEG is unavailable, use the locally available regimen in your hospital protocol with oral hydration and electrolyte monitoring. **Never** substitute soap-and-water or unmeasured tap-water enemas.

Documented indication for any element omitted or added	Clinician	Signature	Date