

Implementation of ERAS Protocol in Liver Resection Patients

Methods

Objective: Increase adherence to ERAS protocol through use of a checklist

*ERAS Protocol
for liver resection patients*

Date of Surgery: _____

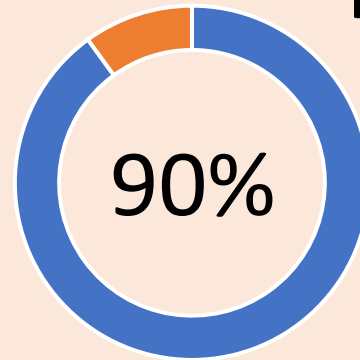
Preoperative	YES	NO
Patient received ERAS education	<input type="checkbox"/>	<input type="checkbox"/>
Last meal 6 hours pre-surgery	<input type="checkbox"/>	<input type="checkbox"/>
Carbohydrate beverage	<input type="checkbox"/>	<input type="checkbox"/>
Oral bowel prep	<input type="checkbox"/>	<input type="checkbox"/>

Intraoperative	YES	NO
2 antiemetic medications given	<input type="checkbox"/>	<input type="checkbox"/>
CVP maintained <5 cmH2O	<input type="checkbox"/>	<input type="checkbox"/>
Crystalloid fluids used	<input type="checkbox"/>	<input type="checkbox"/>
Prophylactic NG tube insertion	<input type="checkbox"/>	<input type="checkbox"/>

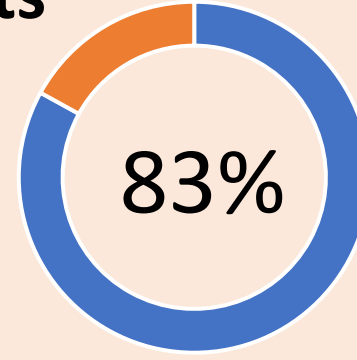
Postoperative/ICU Stay	YES	NO
Solids resumed POD #1	<input type="checkbox"/>	<input type="checkbox"/>
Mobilization POD #1	<input type="checkbox"/>	<input type="checkbox"/>
Bowel regimen	<input type="checkbox"/>	<input type="checkbox"/>
Foley removed POD #1	<input type="checkbox"/>	<input type="checkbox"/>

Date of ICU Discharge: _____

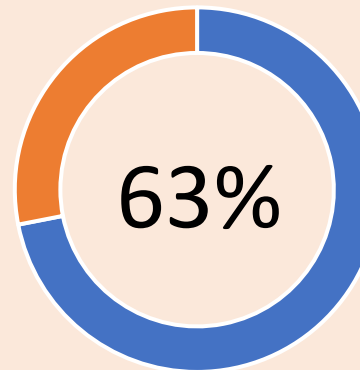
Results



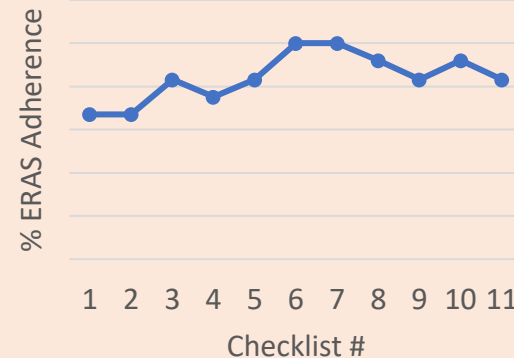
Goal Line for Completion



Median % Completion



% of checklists on or above median line



Trend in completion rate over implementation period

Conclusions



Following ERAS protocol training and checklist use it can be concluded that:

Peer to peer communication limits standardized care

Gold standard for checklist implementation is team training

Checklists limit omissions secondary to memory failure

Checklists improve adherence for time-sensitive tasks