Sample Pathway Checklist for Improving Surgical Care and Recovery

**Purpose of tool:** Successful implementation of an enhanced recovery pathway requires coordinated care from all providers who care for surgery patients. The Sample Improving Surgical Care and Recovery (ISCR) Pathway Checklist can be used to track compliance with ISCR processes and identify opportunities for better coordination.

**How to use this tool**: Adapt the checklist below to your hospital’s pathway in order to help guide providers as they provide care within their own area, as well as hand off care to another team. Add the details of your hospital’s pathway components to the checklist where you see the red italic text. This sample checklist is inclusive of all elements of the pathway. Many hospitals may want to pick just a few elements to start with or concentrate on the elements that are new to the providers. The checklist provided spans multiple care locations: from the preoperative area to operating room to recovery area to inpatient unit and discharge.

Hospitals have also found it useful to attach this checklist to the patient’s paper chart and ask providers to note as each pathway element is completed. Additionally, hospitals can gather completed checklists to use as a source of real-time data collection to monitor pathway compliance.

Please contact *[ISCR TEAM LEAD NAME]* at *[EMAIL/TELEPHONE]* if you have questions about this checklist.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Patient Label (or name, medical record number, and surgeon)*

*[Procedure]* Pathway Checklist: PREOPERATIVE AREA

| Yes/No | PREOPERATIVE AREA |
| --- | --- |
| * Yes * No | Patient education materials brought with patient to hospital or provided upon presentation to hospital? |
| * Yes * No * N/A | Advance care planning completed (patients age 65 and older)? |
| * Yes * No * N/A | Preoperative delirium prevention protocol (patients age 65 and older)? |
| * Yes * No * N/A | Preoperative medical assessment and risk counseling (can include diabetes manangment, smoking/tobacco cessation, anemia, opioid use history, weight management, delirium prevention protocols for patients age 65 and older, sepsis assessment)? |
| * Yes * No * N/A | VTE prophylaxis administered?  *[Fill in risk assessment information, mechanical prophylaxis, chemoprophylaxis medications, and any other considerations for VTE prophylaxis, based on your pathway]*  *N/A if patient is at high risk of bleeding* |
| * Yes * No * N/A | Mechanical bowel preparation completed at home (for procedures with planned bowel resection)? |
| * Yes * No * N/A | Oral antibiotics completed at home (for procedures with planned bowel resection)? |
| * Yes * No | Bathing with antibacterial soap or antiseptic agent completed at home, the night before or the morning of surgery?  For emergency procedures: antiseptic agent used prior to patient entering operating room? |
| * Yes * No * N/A | If found to be nasal *Staphylococcus aureus* carrier, completed decolonization regimen? |
| * Yes * No | Allow clear liquids before surgery? |
| * Yes * No * N/A | Carbohydrate drink consumed, if indicated?\*  If no, note reason: |
| * Yes * No * N/A | Appropriate action taken for blood glucose level higher or lower than *[enter range of institutional standard here]*?  If no, note reason:  N/A if blood glucose was within *[institutional standard range]*. |
| * Yes * No | Forced-air warming device placed on patient? |
| * Yes * No * N/A | Preoperative antibiotics administered within 1 hour of presentation for emergency patients exhibiting signs of sepsis or peritonitis? |
| * Yes * No | Pre-anesthesia multimodal pain management given?  *[Fill in medications (e.g., acetaminophen, cyclo-oxygenase-2 inhibitor) given, based on your pathway]* |
| * Yes * No | Preoperative antiemetic prophylaxis administered? |

*\*Follow hospital protocol for diabetic patients*

*Abbreviations: N/A = not applicable; VTE = venous thromboembolism*

*[Procedure]* Pathway Checklist: INTRAOPERATIVE AREA

| Yes/No | INTRAOPERATIVE AREA |
| --- | --- |
| * Yes * No | Antibiotic administered?  *[Fill in prophylactic antibiotics in your pathway]* |
| * Yes * No | Alcohol-based skin preparation applied? |
| * Yes * No | Intraoperative anesthesia or analgesia given?  *[Fill in components (e.g., desflurane, regional anesthesia, intravenous lidocaine) used, based on your pathway]* |
| * Yes * No | Intraoperative antiemetic prophylaxis administered?  *[Fill in postoperative nausea and vomiting prophylaxis that are a component of your intraoperative anesthesia pathway (e.g., ondansetron administered 45–60 minutes prior to skin closure, avoidance of nitrous oxide)]* |
| * Yes * No * N/A | Judicious use of intraoperative transfusion of packed red blood cells, if indicated? |
| * Yes * No | Forced-air warmer applied to patient? |
| * Yes * No | Intraoperative fluid management (to achieve euvolemia)? |
| * Yes * No | Any drains retained in patient at end of procedure?  If yes, note type of drain and reason: |
| * Yes * No * N/A | Wound protector used (if open procedure)? |
| * Yes * No * N/A | Tranexamic acid (TXA) administered for hip or knee replacement and hip fracture surgery patients?  *N/A if patient was not hip or knee replacement surgery patient* |

*Abbreviations: N/A = not applicable*

*[Procedure]* Pathway Checklist: RECOVERY ROOM

| Yes/No | RECOVERY ROOM |
| --- | --- |
| * Yes * No * N/A | If in recovery room greater than 2 hours, is patient drinking?  Date:  Time:  If answered no, note reason:  *N/A if patient was in the recovery room less than 2 hours* |
| * Yes * No * N/A | If in recovery room greater than 2 hours, is patient up in the chair?  Date:  Time:  If answered no, note reason:  *N/A if patient was in the recovery room less than 2 hours* |

*Abbreviations: N/A = not applicable*

*[Procedure]* Pathway Checklist: INPATIENT UNIT

| Yes/No | INPATIENT UNIT |
| --- | --- |
| * Yes * No * N/A | VTE prophylaxis administered?  *[Fill in risk assessment information, mechanical prophylaxis, chemoprophylaxis medications and any other considerations for VTE prophylaxis, based on your pathway]*  *N/A if patient at high risk of bleeding.*  First postoperative VTE chemoprophylaxis dose  Date:  Time: |
| * Yes * No | Multimodal pain management given postoperatively?  *[Fill in medications (e.g., acetaminophen, cyclo-oxygenase-2 inhibitor) given, based on your pathway]* |
| * Yes * No | Clear liquids POD 0?  Date:  Time: |
| * Yes * No | Regular diet POD 0 or POD 1?  Date:  Time: |
| * Yes * No | Early mobilization (ambulating at least 10 feet or more)?  Date:  Time: |
| * Yes * No | Indwelling urinary catheter avoidance or early removal?  If no, note reason:   * Indwelling urinary catheter not placed |
| * Yes * No | IV fluid discontinuation or IV converted to heplock/saline lock?  Date:  Time:  If no, note reason: |
| * Yes * No | Postoperative antibiotics administered for emergency general surgery patients? |
| * Yes * No | Medications prescribed/recommended for postdischarge pain management?  *[Fill in medications that are prescribed/recommened for postdischarge pain management from your pathway (e.g., acetaminophen, ibuprofen)]* |
| * Yes * No * N/A | If opioids were prescribed for postdischarge pain control, was the quantity based on patient and procedure-specific institutional standards?  If answered No or N/A, provide reason: |
| * Yes * No | Discharge planning initiated before admission or upon presentation for emergency surgery cases?  If no, note reason: |

*Abbreviations: IV = intravenous; N/A = not applicable; POD = postoperative day; VTE = venous thromboembolism*

COMMENTS OR ISSUES (for process improvement):

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