

Diary for Enhanced Recovery After Cardiac Surgery

Patient's Name:



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This is a general booklet that covers all surgical specialities. For more specific information about your surgery you may want to contact the specialist nurses who are involved with your care.

Completing your Daily Progress Record is really helpful, not only to achieve your goals and monitor your progress, but to help us collect important information so we can provide feedback to staff and continually improve our Enhanced Recovery Programme.

**A big thank you in advance for
completing your diary.**

Enhanced Recovery After Surgery (ERAS)

What is ERAS

At Blackpool Teaching Hospitals NHS Foundation Trust we aim to provide high standards of care based on current recommendations and protocols. ERAS is part of this and ensures that all members of the hospital and primary care staff work together to ensure patients:

- are kept fully informed of what is happening at all times to enable you to make informed choices;
- are as **healthy and fit** as possible before receiving treatment;
- receive the best possible care during their operation;
- receive the best possible care whilst recovering;
- Play an active role in your own recovery.

What the Enhanced Recovery Programme means to you

You will follow an ERAS programme which will provide you with daily goals to strive to achieve. Please remember that these goals are set to be worked towards, but everyone is an individual and will achieve these goals at different times. Please do not be disheartened if you do not always meet your goals each day. This programme has input from all members of the team that will treat you and includes:

- pre-admission screening and information;
- good pain relief;
- improved sickness plan;
- early walking after surgery;
- early removal of catheters;
- less drips and drains;
- smaller wounds or keyhole surgery;
- early eating and drinking;
- reduced infection rates;
- shorter and more comfortable stay in hospital;
- you feeling involved in your care.

This booklet will give you some information about the programme and how you can play an active part in your recovery.

Prehabilitation – Your role in preparing yourself for surgery

Improve your fitness before your surgery

Moderate exercise before your operation will help strengthen your muscles and build up stamina which will benefit your recovery after surgery. This will allow you to mobilise earlier and reduce your risk of breathing problems such as chest infections which are common after major surgery. Depending upon your general fitness levels and the effects of any treatments you have already undergone, you may have a reduced ability. Try going for a walk twice a day and increasing the distance over a period of time, to aid your personal fitness levels. Walking, cycling and climbing stairs are all good ways of improving your fitness. You should choose an activity and an intensity that is appropriate for your current level of fitness. Ideally the exercise should raise your heart rate and make you feel breathless; however you should not be so breathless that you cannot hold a conversation. Please document on the next page the exercise that you do in the week prior to your surgery.

Encouraging deep breathing and oral hygiene

Our aim both before and after your admission is to reduce the risk of you developing any complications such as a chest infection. As well as your increased activity level prior to surgery we would also like you to complete regular deep breathing exercises both before and after your operation. These are very important to reduce the risk of complications, we will be encouraging you to carry them out as soon as you return from the operating theatre.

To help practice your deep breathing exercises we will give you an incentive spirometer device (this is often called a spirometer). You will be given this at either your thoracic school meeting, pre operative assessment or on the ward before surgery. Using this regularly before and after your surgery will aid your recovery post surgery. If you are given an incentive spirometer before your admission it is important to bring it in with you when you come for surgery. As well as using this device we would like you to be aware of your oral hygiene as good oral hygiene reduces the risk of lung complications after major surgery and improves your overall general health. Therefore brush your teeth for two minutes and use an antiseptic or chlorhexidine mouthwash twice a day. Please tick these off in the diary for the week leading up to your surgery (on the next page).

Exercise diary pre admission

7 days prior to surgery.....

Incentive spirometer..... Oral hygiene twice a day.....

6 days prior to surgery.....

Incentive spirometer..... Oral hygiene twice a day.....

5 days prior to surgery.....

Incentive spirometer..... Oral hygiene twice a day.....

4 days prior to surgery.....

Incentive spirometer..... Oral hygiene twice a day.....

3 days prior to surgery.....

Incentive spirometer..... Oral hygiene twice a day.....

2 days prior to surgery.....

Incentive spirometer..... Oral hygiene twice a day.....

The day before your surgery.....

Incentive spirometer..... Oral hygiene twice a day.....

Your Role in Preparing for Surgery

Eating Well

Good nutrition is always important but it becomes even more vital before and after surgery. After surgery you will have wounds that will heal better if you have been eating a healthy balanced diet before surgery.

Try and eat your recommended 5 portions of fruit and vegetables in the days / weeks leading up to your admission, and include some sort of protein in your meals (meat, chicken, fish, eggs, pulses). Continue to eat and drink as normal the day before surgery. After surgery we will give you supplement drinks to boost your vitamins, mineral and protein intake. These are all essential elements needed for wound healing and your post operative recovery.

Preload Drink

At the pre-admission clinic you will be given a Pre-load drink that you should take before surgery. This drink provides you with extra carbohydrates that will help prepare your body for surgery. How and when you should take this drink will be explained to you at pre-admission. This drink is an important part of your pre-operative build up and it is essential that you take it as requested.

Sachet one, mix with 400mls of water and drink at _____

Sachet two, mix with 400mls of water and drink at _____

If you are a diabetic who takes insulin you will not be given the pre-load drink. It is important that you continue to eat and drink normally the day before surgery. Please have supper before 10pm and follow the instructions given to you at pre-admission clinic.

Smoking and Alcohol

If you smoke or drink please use this as an opportunity to stop or cut down as smoking increases your risk of developing complications. Cutting back or stopping completely will help speed up the healing process, your recovery and reduces the risk of complications, increasing your stay in hospital.

For smoking cessation advice or drop in clinic times please call Stop Smoking Services on:

Blackpool – 01253 951570

North Lancashire – 01524 845145

You must also limit the amount of alcohol you drink. Do not exceed national recommendations which are currently 14 units per week for both men and women. If you require support with reducing your alcohol consumption please contact your GP or ask the nurses to Contact the hospital Alcohol Liason Team (ALT) – 01253 953943.

Planning Your Discharge

We will talk to you about your discharge before you come into hospital. Most people want to leave hospital as soon as possible and in order to make your discharge a smooth process we start to plan for this before you are admitted. It is helpful for you to talk to your relatives, carers or friends about what help and support you will need following your discharge home.

If you live alone it is essential that you consider what help you may need when you go home. It is unlikely that you will be able to do many everyday jobs such as lift shopping bags, push hoovers or mop floors when you first go home. You may need a relative to stay with you for a short while after your operation, or carers to come in and help you. Please tell us as early as possible if you have concerns about managing at home after your discharge from hospital. We can discuss support and the other options available to you and begin to organise your discharge.

Your estimated length of stay will vary according to your pre-operative fitness. This will be discussed with you prior to your admission.

Working Together to Achieve your Post-operative Goals

We aim to manage your care for your individual needs after your operation. Your daily goals are designed to help you back to your normal level of activity as soon as possible. Getting fitter quicker and home sooner means returning to normal life sooner. This will be done by incorporating the following:

Performing Lower Risk Surgery

Wherever possible we aim to perform surgical techniques with smaller wounds or keyhole surgery and aim to remove tubes, drains and drips as soon as it is safe to do so.

This helps reduce the risk of infection and helps you to mobilise more freely and easily.

Reducing Your Pain

Good effective pain control is an essential part of your recovery. If your pain is well controlled you will be able to breathe easily, walk about, eat, drink, sleep well and participate effectively in your Physiotherapy regime.

After your surgery you may be given a number of different pain relieving therapies but these will be discussed with you in detail before your surgery.

It is essential that you let us know if your pain relief is not effective or starts to be less effective than it was. Staff will encourage you to play an active role by regularly asking you to record your score for both pain and nausea (how sick you feel).

Additional painkillers are available and the specialist pain team can see you if needed to help make you more comfortable.

Encouraging Early Movement and Activity

Regular deep breathing exercises after your operation, carried out as soon as you return from the operating theatre, will reduce the risk of developing a chest infection.

Performing leg and ankle movements every hour can reduce your chances of developing a blood clot (DVT). Early mobilisation, getting out of bed and walking around is a very important part of your recovery.

Following many operations you will get out of bed on the day of your operation and be encouraged to stay out of bed for at least two hours. You will be seen by a Physiotherapist the day after your operation. All patients, if clinically fit, will get out of bed the day after surgery and aim to be out of bed for at least eight hours. Short rests on the bed through out the day are allowed.

Early mobility will be encouraged by the staff and Physiotherapists and you will be encouraged to mobilise or walk around the ward aiming for 4-6 times a day starting on the day after your surgery.

Encouraging Early Eating and Drinking

Most of our patients are encouraged to eat and drink normally and as soon as they want after their operation. The nutrition helps your body to recover more quickly. Sometimes surgery and medication can make you feel nauseated (sick), please let us know if you feel sick as we can give you medication to settle this feeling. Staff will encourage you to play an active role by regularly asking you to record your score for nausea, in order for us to be able to treat your nausea with anti-sickness medication. When you are allowed to drink we want you to aim for 2 litres of oral fluid a day.

We will also supplement your diet with high protein and calorie drinks for a few days after surgery.

**Completing your Daily Progress Record will help
you achieve these goals**

Planning your stay

We recognise that coming into hospital can be very daunting. Planning ahead for when you get home can help reduce stress. Below are some practical points to remember.

Check list

- I know my expected date for discharge (going home).
- I have informed the relevant people where I will be.
- I have all my medication ready to take with me.
- I have packed my 'inspiron' device for deep breathing.
- I have packed a small bag (e.g. clothes, non - paraffin based lip balm, toiletries, reading material, good fitting shoes or slippers).
- I have arranged my transport to and from hospital.
- I have checked I have the right equipment and support in place when I get home.
- I have written a list of questions I want to ask so I do not forget.

Some of these questions may be:-

- When can I have a shower or bath?
- When can I drive again? When can I go back to work?
- Who can I contact if I have any concerns or questions when I get home?
- I know where to go on my day of admission?
- I have the following details?

I am expecting to stay in hospital for _____ nights

I can eat and drink normally until: _____

I can have clear fluids until: _____

I must be nil by mouth from: _____

Medication instructions: _____

Recovery goals and targets

It is important you mobilise as much as possible. Before your 'drips' and 'drains' are removed you will be able to carry them around with you. Mobilisation is the key to your recovery. In order to mobilise you will need adequate pain relief, the doctors and nurses are keen to help you manage your pain. Below is a list of goals / targets you should be able to achieve prior to discharge, we acknowledge that every patient is an individual and everyone will achieve these goals at their own pace, so please document the post operative day on which the goal was achieved, for your own reference and to keep you motivated with the Enhanced Recovery Programme.

Goal / Target	Post operative day achieved
I managed to get dressed into my own clothes	
I managed to wash myself unaided	
Get out of bed for a total of 8 hours with a 1-2 hour rest in between	
Have managed to walk a total of 80 metres	
Walk a lap of the ward	

Your Daily Progress Record

Prior to coming into hospital please have a look at the next section of your booklet. This is your 'Daily Progress Record.' Please familiarise yourself with this before your admission. Please remember to bring your booklet with you on your admission day so you can complete your daily progress record.

Why we would like you to fill in a Daily Progress Record

We ask all our Enhanced Recovery patients to complete a patient diary. Using the diary will help you:

- achieve your goals and track your progress
- help you recover more quickly, with fewer complications
- help staff in helping you to recover

How to Use the Daily Progress Record

The diary covers all types of surgery and therefore covers 6 days. Once you are ready to go home there is no need to continue the diary. The nursing staff will explain the purpose of the diary to you but if you need further help with completing it please ask.

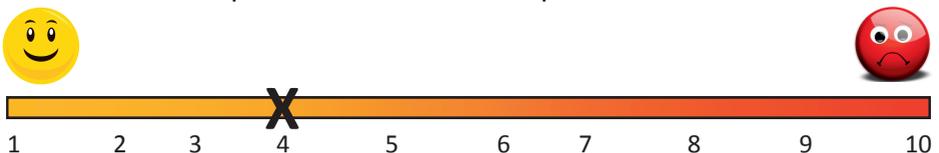
Please cross the box each time you do the task mentioned. For example, if you sat out in the chair twice.

Sat in the chair twice

If you didn't then put the reason why (for example)

If not, why? *I felt dizzy*

At the end of each day you are asked to mark on the line your overall pain score in the last 24 hours. The smiley face is no pain and the sad face is the worst pain. Below is an example



Day 0 - Day of Surgery

Today's date: Ward:

Plan - Your plan for today is to sit upright in bed, and achieve satisfactory pain control. If back from theatre before 4pm you may sit out of bed for up to 2 hours.

Please X the box for each time you have achieved that goal:

Sat out in the chair Yes No

If not, why?

Marched on the spot Yes No

If not, why?

Supplement drinks

If not, why?

Used your incentive spirometer, aim for 5 – 10 breaths

If not, why?

Have you had your bowels open today? Yes No

Food

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on each line below.



At Rest



When walking



Nausea Score

What is your overall nausea (sickness) score today?? Please place a cross where you feel it should be. If you feel that it is stopping you from drinking and eating please let a member of staff know.

- I do not feel sick 0
- I feel sick but have not vomited 1
- I feel sick and have vomited occasionally 2
- I feel sick and have vomited frequently 3

Day 1 - day after surgery

Today's date: Ward:

Plan - Your plan for today is to get washed and dressed with assistance, sit out of bed for 8 hours in total and walk for 60 metres in total (can be done in 1-3 increments.) Achieve satisfactory pain control and eat and drink as normal.

Please X the box for each time you have achieved that goal:

Sat out in the chair Yes No

If not, why?

Walked 60 metres in 30 metre increment

If not, why?

Supplement drinks

If not, why?

Used your incentive spirometer, aim for 5 – 10 breaths

If not, why?

Have you had your bowels open today? Yes No

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Discontinued or removed

Central Line

Yes No

Arterial line

Yes No

Urinary catheter

Yes No

Venflon

Yes No

Intravenous fluids (Drip)

Yes No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on each line below.



At Rest



When walking



Nausea Score

What is your overall nausea (sickness) score today? Please put a number in the box provided using the guide on page 15 for help.

Nausea score

Day 2 - after surgery

Today's date: Ward:

Plan - Your plan for today is to sit out in a chair for most of the day but ideally at least 8 hours. To walk 60 metres at least four times. Eat and drink as normal and achieve satisfactory pain control. Try to become more independent with your hygiene needs today.

Please X the box for each time you have achieved that goal:

Sat out in the chair Yes No

If not, why?

Walked 60 metres in 30 metre increment

If not, why?

Supplement drinks

If not, why?

Used your incentive spirometer, aim for 5 – 10 breaths

If not, why?

Have you had your bowels open today? Yes No

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Discontinued or removed

Drains

Yes No

Urinary catheter

Yes No

Central line

Yes No

Arterial line / Venflon / IV fluids

Yes No

Pain Score

What is your overall pain score today?

Please put a number in the space below.

At rest

On movement

Nausea Score

What is your overall nausea (sickness) score today? Please put a number in the space provided below. If your nausea/sickness level is stopping you from eating/drinking please let a member of staff know.

Nausea score

Day 3 - after surgery

Today's date: Ward:

Plan - Get out of bed and meet your hygiene needs with as little help as possible, walk 6x 60 metres throughout the day. Eat and drink as normal and achieve satisfactory pain control. Have you asked about when your discharge might be? Some patients may be fit for discharge today if meeting all their recovery targets.

Please X the box for each time you have achieved that goal:

Sat out in the chair Yes No

If not, why?

Walked 60 metres in 30 metre increment

If not, why?

Supplement drinks

If not, why?

Used your incentive spirometer, aim for 5 – 10 breaths

If not, why?

Have you had your bowels open today? Yes No

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Discontinued or removed

Epidural/Infusion analgesia

Yes No

Drains

Yes No

Urinary Catheter

Yes No

Central line / Arterial line

Yes No

Pain Score

What is your overall pain score today?

Please put a number in the space below.

At rest

On movement

Nausea Score

What is your overall nausea (sickness) score today? Please put a number in the space provided below. If your nausea/sickness level is stopping you from eating/drinking please let a member of staff know.

Nausea score

Day 4 - after surgery

Today's date: Ward:

Plan - Sit out of bed for most of the day, walk 8x 60 metres throughout the day, eat and drink normally, aim for satisfactory pain control. We would like you to get dressed into your outdoor clothes/daywear. Are you fit for discharge?

Please X the box for each time you have achieved that goal:

Sat out in the chair Yes No

If not, why?

Walked 60 metres in 30 metre increment

If not, why?

Supplement drinks

If not, why?

Used your incentive spirometer, aim for 5 – 10 breaths

If not, why?

Have you had your bowels open today? Yes No

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Discontinued or removed

Drains

Yes No

Urinary catheter

Yes No

Pain Score

What is your overall pain score today?

Please put a number in the space below.

At rest

On movement

Nausea Score

What is your overall nausea (sickness) score today? Please put a number in the space provided below. If your nausea/sickness level is stopping you from eating/drinking please let a member of staff know.

Nausea score

Day 5 - after surgery

Today's date: Ward:

Plan - Some people are still in hospital 5 days after surgery, everyone recovers from surgery differently. It is important to continue building up your mobility, eat regularly and drink plenty. This will all help your recovery and get you fit enough to be discharged from hospital.

Please X the box for each time you have achieved that goal:

Sat out in the chair Yes No

If not, why?

Walked 60 metres in 30 metre increment

If not, why?

Supplement drinks

If not, why?

Used your incentive spirometer, aim for 5 – 10 breaths

If not, why?

Have you had your bowels open today? Yes No

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Discontinued or removed

Urinary catheter out

Yes No

Drains

Yes No

Pain Score

What is your overall pain score today?

Please put a number in the space below.

At rest

On movement

Nausea Score

What is your overall nausea (sickness) score today? Please put a number in the space provided below. If your nausea/sickness level is stopping you from eating/drinking please let a member of staff know.

Nausea score

Planning your Discharge

Who to Contact

We recognise that coming in for any surgery can be a very stressful and emotional time and you may be apprehensive about it but these feelings are normal. The staff will be able to help answer any questions you may have before, during or after your stay in hospital. Please ensure you have the relevant contact numbers you may need. The contact names and numbers will vary depending upon the type of surgery you have.

Contact details

Switchboard: 01253 300000

Appropriate Nurse:

Telephone Number:

Clinical Area: No: 24 hours

When You Leave Hospital

We expect your recovery to progress well following your discharge but occasionally complications may occur following major surgery. It is important you know what to look out for. If you are worried about any of the following please contact us on the numbers above. If you are unable to contact any of the numbers above please contact your GP or phone 111 for out of hours emergency care.

Your Wound

It is not unusual for the wound to be uncomfortable for the first 2 weeks. Please let us or your GP know if your wound becomes progressively inflamed (very red), painful or swollen, or starts to discharge fluid or begins to open.

Blood Clots

Surgery increases the risk of blood clots, which is why it is important to maintain your mobility after surgery. You will need urgent medical attention if your calf becomes progressively painful or swollen or if you develop shortness of breath.

Sexual activity

Resume sexual intercourse once you feel confident to do so. If you remain relaxed and possibly adopt a more passive role, you may return more easily to your normal routine.

Bowels

Make sure you eat regularly and drink plenty of fluids. It is important to remain mobile. If you are loose or constipated for more than 4 days please contact us or your GP for advice.

Exercise

You should take regular gentle exercise several times a day. Gradually increase your exercise during the 4 weeks following your operation until you are back to your normal level of activity. Do not attempt to lift anything heavy for 6-8 weeks after surgery. Common sense will guide your exercise and rehabilitation.

Driving

There is no exact specified time or law that determines when it is safe to drive after surgery. Do not drive until you are confident you can drive safely and perform an emergency stop. This is usually at least 6 weeks after surgery. If you are still taking strong pain killers, which is unlikely, they will affect your ability to drive.

It is recommended that you check with your car insurance company before you start driving again.

Follow-up

You will receive a follow-up appointment via the post. The date will depend on your surgeon and the type of surgery you have had. The ward staff and surgical team will be able to advise you when it is likely to happen.

This discharge checklist enables the team to work with you to plan a safe return home from hospital	Patient / Carer	Nurse Signature
I have a copy of my electronic discharge summary for my own Information.		
I have my own tablets and any new medicines. I am happy with the instructions for taking them.		
If I have one, my wound has been checked by a nurse today, and if required I have a letter for the practice / district nurse. I also have contact number for them.		
My cannula/s (plastic tubes) have been removed		
<p>Today:</p> <ul style="list-style-type: none"> • I am able to pass urine freely. • My bowels are working. • I can mobilize around the ward independently. • I am comfortable and my pain is well controlled. • I am eating and drinking. 		

This discharge checklist enables the team to work with you to plan a safe return home from hospital	Patient/ Carer	Nurse Signature
I have my own transport home and can be collected before 12 midday if needed, as the hospital transport is restricted to those with mobility needs.		
I have received all the equipment and information I need from the nursing staff and other specialist nurses / professionals. I have a telephone number to contact them if required.		
I feel able to look after myself when I get home, or I know that I have carers that will be able to look after me.		
I have the telephone number from ward If I need help or advice and the Enhanced Recovery Nurses number is		
I have been told if I need a follow-up outpatients appointment, and I am aware that this will be sent home to me in the post.		

I am fit enough to go home today

Date of discharge

Other sources of information:



Enhanced Recovery Clinical Nurse Specialists: 01253 95654

You will be contacted by a member of the team following discharge however if there are any problems please contact us directly.



Hospital switchboard

Telephone: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives.



You can contact them via tel: **01253 955589**
or by email: **bfwh.patientrelations@nhs.net**



You can also write to us at: Patient Relations Department, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR



Further information is available on our website: **www.bfwh.nhs.uk**

If you'd like a large print, audio, Braille or a translated version of this booklet then please call: **01253 955520**



□ → □ → □ → **01253 955520**

Patient experience survey

The Trust are constantly evaluating the service we offer to our patients and their families. It would help us greatly with this process if you could take a few minutes to complete this questionnaire and leave it on the ward following your discharge. Thank you for your assistance.

1. Are you? Male Female

2. How long did you stay in hospital?

Number of days

3. Was this the same length of time you were told you would be in hospital?

Yes

No - I was in for longer time than I was told

No - I was in for a shorter time than I was told

4. Could you tell us what your worst pain score was after your operation?



1 2 3 4 5 6 7 8 9 10

5. Please tell us what your worst post operative nausea score was.



1 2 3 4 5 6 7 8 9 10

6. Could you tell us what your pain score is at the time of your discharge?



7. Could you tell us what your nausea score is at the time of your discharge?



8. Overall, did you feel as involved as you wanted to be in the decision making about your care?

On a scale of 1 to 10
1 = not at all 10 = yes definitely



9. Please use this space to tell us anything which would have made your experience better or anything you feel we did well.