






DAY	-1	0	1	2-3	4	5	6-7	8-10	10-14
DATE	___/___/___	OPERATION	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	DISCHARGE D14
	Be active Exercise to raise heart rate	Deep breathing post-op	Deep breathing Sit: 2x3 hours Walk: 2x200 m		Out of bed most of day 2x400 metres	Out of bed most of day Dressed in own clothes Mobilise freely Swallowing rehabilitation exercises			
	Carbohydrate pre-load drink x 2 Clear fluid only after midnight	06:00: 1 x pre-load drink Post-op: nil by mouth	SLT review -> Water/soft diet as tolerated NG feed until full diet	Regular SLT reviews to guide progression Water/soft diet as per SLT advice			Consider RIG/PEG if swallow /intake insufficient	If RIG/PEG/NG present, give training and supplements for discharge	
	Continue regular meds	Preop: Pregabalin loading 150mg Post op: PCA, paracetamol pregabalin bd	PCA, Paracetamol, Pregabalin bd Consider NSAID	Stop PCA, Start NG/oral analgesia	Optimise analgesia Aim to wean and stop pregabalin	Oral or NG analgesia Prepare TTOs			
	Shower well before coming to hospital	NGT inserted during case if needed post op	Consider neck drain removal when output < 30mls/24 hours Remove catheter if mobilising	Remove NGT if sufficient oral intake (dietician to review)	Consider removal of flap drain if present when output <30mls /24 hours	Aim to remove tracheostomy (decannulate) if present	Remove iv cannula before discharge		
	Call to check arrival time	Start discharge planning – refer to SAFER CCD	Tracheostomy: cuff down +/- speaking valve	Tracheostomy: HME/speaking valve	Continue discharge planning (refer to SAFER CCD) Raise any anxieties or concerns you have about discharge to your team			Discharge when SAFER CCD achieved	
Ask your team any questions at any time									



Get-up
Eat
Analgesia
Remove
Speak up

Early mobilisation
Early enteral feeding
Multimodal, opioid-sparing analgesia; medications
Timely line/drain removal
Encourage questions/timely discharge planning

SAFER Clinical Criteria for Discharge (CCD)

- Mobilising freely
- Adequate nutritional intake either orally or via enteral route
- Pain well controlled with oral or enteral analgesia
- Independent with care for wounds and dressings, or District Nurse arranged
- All lines / drains removed; or plan for removal as outpatient
- RIG/PEG training completed if required
- All concerns addressed, contact details given, follow up arranged

PCA – patient-controlled analgesia; NGT – nasogastric tube; IV – intravenous; TTOs – “To take out” medications; DSU – Day Surgery Unit; HME – Heat & Moisture Exchange Valve; PEG /RIG – feeding tubes inserted through the abdominal wall
NSAID – Non-steroidal antiinflammatory drug (eg Ibuprofen); SLT – Speech & Language Therapy