






DAY	-1	0	1	2	3	4	5	6	7	
DATE	___/___/___	OPERATION	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	DISCHARGE	
	Be active Exercise to raise heart rate	Deep breathing	Deep breathing			Sit out in own clothes most of day		Freely mobilise		
			Sit: 2x1 hour	2x2 hours	2 x 3 hours	2-3 x 400m				
	Carbohydrate pre-load drink x 2 Clear fluid from 00:00	06:00 1 x pre-load Post-op Sips - > free fluids	Free fluids only	Free fluids			Normal diet as tolerated			
				Light diet	Light diet -> full diet as tolerated					
		Chewing Gum / Boiled Sweets 3 x 20 mins		Dietician referral if not on oral diet						
	Continue regular meds	Spinal + RS block PCA post-op Paracetamol	Pain team review		Pain team if required		Oral analgesia Prepare TTOs			
			Metoclopramide 10mg tds po/iv	PCA down Start codeine + laxido	Optimise analgesia (including consider NSAID)					
	Stoma site confirmed Stoma practice	No NGT Drains on free drainage 2 piece stoma bag	Daily stoma checks – inform surgeon if concerns with warmth/colour Daily Stoma bag change – teach patient on day 1, then to be completed by patient with assistance as required Maintain patency of stents – flush PRN with 5 mls saline if urine output < 30mls/hour			Independent with stoma care Wound care teaching	Remove Stents (pm) after confirmation at morning ward round	Check all cannulas removed		
	Call to check arrival time	Start discharge planning – refer to SAFER CCD Learn about and engage with stoma care to aid discharge				Learn how to do Tinzaparin injections		Confirm Tinz injection technique	Prepare to go home – SAFER CCD achieved	
		Voice any questions at any time to your team				Discharge planning				



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)

1. Mobilising freely; eating and drinking adequately
2. Pain well controlled with oral analgesia
3. Independent with care for wounds and dressings, or District Nurse arranged
4. Self-administering tinzaparin injections
5. All lines / drains removed; or plan for removal as outpatient
6. All concerns addressed, contact details given, follow up arranged

RS - Rectus sheath; PCA - patient-controlled analgesia; NGT - nasogastric tube; CVC – central venous catheter; TTOs – “To take out” medications prescription; Tinz - Tinzaparin injection