






DAY	-1	0	1	2	3	4
DATE	___/___/___	OPERATION	___/___/___	___/___/___	___/___/___	DISCHARGE
	Be active. Exercise to raise heart rate.	Deep breathing	Deep breathing Sit: 2 x 2 hour Walk: 2 x 200m	Sit out in own clothes Freely mobilise		
	Carbohydrate (CHO) pre-load drink x 2 Drink plenty of clear fluids only from midnight – 06:00	06:00 - 1 x pre-load Post-op - Sips -> free fluids	Free fluids Start Soft diet	Start Light diet	Normal diet as tolerated	
Chewing Gum/ Boiled Sweets (3 x 20 mins/day), 100mg Sodium Docusate PO BD, 10mls Peppermint water PO QDS						
	Continue regular meds as instructed Bisacodyl 10mg bd day before surgery for bowel preparation	Intra-op: Multimodal IV + Spinal + RS block Post-op: Paracetamol PO/IV QDS Ibuprofen PO TDS Fentanyl PCA Metoclopramide TDS	Pain team review if required PCA down at 8am Prescribe Oramorph 10mg 2hrly PO PRN	PCA down if not previously	Optimise analgesia Prepare TTOs Stop pregabalin if this has been started	Comfortable on oral analgesia TTOs dispensed to patient
	Shower well before coming to hospital	Pre-op: phosphate enema in DSU Post-op: NGT out at end of case Aim for no drains/CVC	Consider catheter out Aim to remove CVC if inserted in theatre Shower when mobile	Urinary catheter out if not previously	Remove iv cannula	Ensure all cannulas and drains removed before discharge
	Call to check arrival time	Start discharge planning – refer to SAFER CCD	Teach how to do Tinzaparin injections Teach wound care		Consider discharge Confirm Tinz technique	Prepare to go home – SAFER CCD achieved
Voice any questions at any time to your team						



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 ; eating and drinking adequately
- Pain well controlled with oral analgesia
- Independent with care for wounds and dressings, or District Nurse arranged
- Self-administering tinzaparin injections
- All lines / drains removed; or plan for removal as outpatient
- 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; **Tinz** – Tinzaparin injection
NSAID – Non-Steroidal Anitnflammatory drug; **prn** – medication prescribed to be taken “as required”