Ideal ERAS patient journey for deceased donor recipients

Pre-op	Peri-operative	Post-op Day 0	Post-op Day 1	Post-op Day 2	Post-op Day 3	Post-op Day 4	Discharge	Follow-up
Pre-op information booklet including physio	Laminated patient pathway checklist to ensure targets met and update patients and staff Aim for day 4 discharge if safe but accept that all transplants require individualised approach Therefore discuss discharge situation on admission (support/travel/distance)						**Aim for day 4** Info sheet; contact numbers & anticipated follow-up plan	OPD as standard
Waiting list discussion with physio & coordinators	Communication and collaboration with theatre/anaesthetic team about ERAS targets/goals	Early transfer to 215 and communication about ERAS targets and goals	Collaboration and communication with nursing/ nephrology/surgical/ anaesthetic/ physio/ dietician/psychiatry staff Self med start				Early self-meds and reinforcement of day 4 discharge date if possible	Encourage to call if concerns OPD/Ambulatory care review
Carbohydrate drink -8hrs and -2hrs (if appropriate after discussion anaesthetic team)	Short acting anaesthetic agents and anti-emetics to reduce nausea	Clear fluids on return to 215 unless otherwise stated in op note Resume diet as tolerated Ondansetron & laxatives PRN	Normal diet Snacks available for patient to help themselves Out of bed for meals					Self reported outcomes Anticipated remote monitoring between clinic visits
Encourage clear fluids 2hrs before GA (after check anaesthetic team)	Limited IV fluid Case by case consideration; CVC if poor IV access/ central drug access	UO +60ml/hr post op until ward review Standard close fluid balance Daily weight to maintain weight +≤3kg						
Physio input via transplant coordinator listing meeting	Physio leaflet to reinforce importance of activity and deep inspiration post op	Nurse encouragement for regular deep breathing/ coughing with physio aid if prescribed Day 1 physio review if flagged pre-op or on nursing staff request Otherwise day 3 physio review					Home with written physio advice sheets	

Clear explanation of ERAS pathway and benefits	Pre-op block or local infiltration by surgeon (anaesthetist discretion) Fentanyl PCA	IV or PO paracetamol QID Fentanyl PCA with plan to stop 0800 day 1	5mg BD Oxycodone MR (1st dose 2hrs before PCA down) Stop PCA Oxycodone IR PRN QID paracetamol	48hrs BD Oxycodone MR PRN Oxycodone IR QID PO paracetamol TDS 30mg PO Nefopam Laxatives with oral opioids			2/7 opioid PRN	
	Surgery as minimally invasive as possible to aid mobilisation	Sit up/ out of bed in comfy chair	Ambulation with assistance 20m walk 40m walk 4hrs chair	60m walk 60m walk 6hrs chair	60m x4 6hrs chair	100m walk x4	Advice on keeping active and self-isolation as per government guidelines Confirm review plan	
	Ureteric stenting as standard		Change into home clothes	Consider removing catheter	Catheter out if no concerns about bladder function	Catheter out if anuric pre-op or high risk TWOC		Stent removal in ambulatory care 3/52 post op
	TED stockings, calf compression, heparin as per protocol	VTE prophylaxis as standard						

Throughout:
Education events and staff updates with sessions from NHS Lothian ERAS nurse.
Audit of documentation and adherence. Regular patient and staff satisfaction questionnaires. Requests for feedback on areas for improvement.
Regular reflection and review of pathway. Use of NHS Lothian cross specialty School of Surgery booklets.
Update on progress, evidence of improvement and audit outcomes in newsletters/emails to interested parties.