

# MultiCare Elective Colon Post-Surgical Care Map

	<u>Day of Surgery Goal</u>	<u>Goals during your Stay</u>	<u>After Discharge</u>
Nutrition	<input type="checkbox"/> Begin with a full liquid diet.	<input type="checkbox"/> Your diet will advance based on your ability to tolerate foods. <input type="checkbox"/> Eat many small meals rather than large ones.	<input type="checkbox"/> Eat healthy, small meals multiple times per day. <input type="checkbox"/> Avoid soda pop as it will cause gas and bloating. <input type="checkbox"/> DO NOT smoke or drink alcoholic beverages as these can slow your healing.
Activity	<input type="checkbox"/> Walk in the Hall with the Nurse 2 times.  <i>Movement is the key to faster healing - sooner is better.</i>	<input type="checkbox"/> Walk in the Hall with the Nurse/staff member 4 times each day as tolerated. <input type="checkbox"/> Sit up in a chair for meals and between walks. Rest as needed. <input type="checkbox"/> Keep your lungs moving as well. Use your Incentive spirometer 10 times each hour.	<input type="checkbox"/> Continue to move and walk. <input type="checkbox"/> Rest often and as needed. <input type="checkbox"/> Avoid lifting.
Pain Control	<input type="checkbox"/> IV pain medications will be used to reduce your initial pain.	<input type="checkbox"/> You will switch to oral pain medications for longer relief.	<input type="checkbox"/> Your provider will continue you on oral pain medications for relief at home as needed. <input type="checkbox"/> You may need to use over the counter medications like Gas X or simethicone for mild gas pains and bloating issues.
Risk Reduction	Your provider may order medications and/or devices that reduce your risk for blood clots based on your risk/needs. <input type="checkbox"/> Injectable medication (shot) _____ <input type="checkbox"/> Device to squeeze legs (SCDs)		<input type="checkbox"/> Wash your hands often. <input type="checkbox"/> Shower daily. <input type="checkbox"/> You may be sent home needing to continue medications to reduce risks. Check your after Visit Summary as well. <input type="checkbox"/> _____ <input type="checkbox"/> _____
Planning for After Care	<input type="checkbox"/> Meet with Care Management or Social Work if you have after care needs like a skilled nursing facility or home health.	<input type="checkbox"/> You will receive education about your condition <input type="checkbox"/> You will receive education on how to use the Red, Yellow, Green patient self management tool to review your symptoms. <ul style="list-style-type: none"> <li>• Green zone- Your symptoms are normal/expected</li> <li>• Yellow zone- Call the office for additional support</li> <li>• Red zone- Need help now</li> </ul>	<input type="checkbox"/> Make sure you have transportation to your follow up visit at the surgeon's office.  _____(date) _____(time) _____(phone)  <i>It is important to your recovery, for the team to check on your progress and look at your incision site.</i>