

# Enhanced Recovery After Surgery+ (ERAS +) Patient Diary

An information guide



# **Enhanced Recovery After Surgery+ (ERAS +) Patient Diary**

This diary will give you some reminders of the aims of the Enhanced Recovery After Surgery+ programme.

It will also give you the opportunity to comment on how you are feeling during your stay in hospital.

We would be grateful if you would take some time to complete this diary every day, it will help us to update and improve our service.

## **Confidentiality**

All the information you provide will be treated in the strictest confidence.

Any data used in future progress of ERAS+ will be anonymised, removing any personal identifiers.

## **What will it involve me doing?**

You can write down your thoughts and feelings as soon as you are given the diary.

Please tick or circle the answers that best show how you are feeling, and whether you are able to achieve what we are aiming for whilst you are recovering from your operation.

Completion of the diary is voluntary, your care will not be affected in any way if you choose not to write in it.

**Will the staff know I am keeping a diary?**

All staff will be aware that you are writing a daily diary and fully support and respect your feelings and thoughts.

**What will happen to the diary once I have completed it?**

Please hand in the completed diary to a member of staff for collection, for the ERAS+ nurse to pick up.

The comments you provide will be shared with the ward staff, providing them with feed back and importantly to improve standards of patient care.

*If you have any questions about this diary please ask the nursing staff or Eras + nurse.*

**PATIENT NAME.....**

**HOSPITAL NUMBER.....**

## Day of Surgery

### Fluids -

What have you drank?

.....

### Diet -

What have you eaten?

.....

### Bowels -

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

### Mobilising -

Have you been out of bed for 2 hours? Yes  No

### Mouth care -

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm

### Chest physio -

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

**How are you feeling?**

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## Day 1

### Fluids -

What have you drank?

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### Diet -

What have you eaten?

Breakfast .....

Lunch.....

Tea.....

### Bowels -

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

### Patients with a stoma -

Have you participated in stoma care today? Yes  No

### Mobilising -

Have you been out of bed for 6 hours? Yes  No

How many times have you walked? 1  2  3  4+

### Mouth care -

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm

**Chest physio -**

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

Have you got changed into your own clothes today? Yes  No

**How are you feeling?**

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**If you are to be discharged home today, please complete the final page of this diary.**

**Day 2**

**Fluids -**

What have you drank?

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**Diet -**

What have you eaten?

Breakfast .....

Lunch.....

Tea.....

**Bowels -**

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

**Patients with a stoma -**

Have you participated in stoma care today? Yes  No

**Mobilising -**

Have you been out of bed for 6 hours? Yes  No

How many times have you walked? 1  2  3  4+

**Mouth care -**

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm



**Chest physio -**

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

Have you got changed into your own clothes today? Yes  No

**How are you feeling?**

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**If you are to be discharged home today, please complete the final page of this diary.**

### Day 3

#### Fluids -

What have you drank?

.....

#### Diet -

What have you eaten?

Breakfast .....

Lunch.....

Tea.....

#### Bowels -

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

#### Patients with a stoma -

Have you participated in stoma care today? Yes  No

#### Mobilising -

Have you been out of bed for 6 hours? Yes  No

How many times have you walked? 1  2  3  4+

#### Mouth care -

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm

**Chest physio -**

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

Have you got changed into your own clothes today? Yes  No

**How are you feeling?**

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**If you are to be discharged home today, please complete the final page of this diary.**

**Day 4**

**Fluids -**

What have you drank?

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**Diet -**

What have you eaten?

Breakfast .....

Lunch.....

Tea.....

**Bowels -**

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

**Patients with a stoma -**

Have you participated in stoma care today? Yes  No

**Mobilising -**

Have you been out of bed for 6 hours? Yes  No

How many times have you walked? 1  2  3  4+

**Mouth care -**

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm

**Chest physio -**

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

Have you got changed into your own clothes today? Yes  No

**How are you feeling?**

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**If you are to be discharged home today, please complete the final page of this diary.**

**Day 5**

**Fluids -**

What have you drank?

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**Diet -**

What have you eaten?

Breakfast .....

Lunch.....

Tea.....

**Bowels -**

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

**Patients with a stoma -**

Have you participated in stoma care today? Yes  No

**Mobilising -**

Have you been out of bed for 6 hours? Yes  No

How many times have you walked? 1  2  3  4+

**Mouth care -**

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm

**Chest physio -**

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

Have you got changed into your own clothes today? Yes  No

**How are you feeling?**

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**If you are to be discharged home today, please complete the final page of this diary.**

**Day 6**

**Fluids -**

What have you drank?

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**Diet -**

What have you eaten?

Breakfast .....

Lunch.....

Tea.....

**Bowels -**

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

**Patients with a stoma -**

Have you participated in stoma care today? Yes  No

**Mobilising -**

Have you been out of bed for 6 hours? Yes  No

How many times have you walked? 1  2  3  4+

**Mouth care -**

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm



**Chest physio -**

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

Have you got changed into your own clothes today? Yes  No

**How are you feeling?**

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**If you are to be discharged home today, please complete the final page of this diary.**

**Day 7**

**Fluids -**

What have you drank?

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**Diet -**

What have you eaten?

Breakfast .....

Lunch.....

Tea.....

**Bowels -**

Have you had your bowels open? Yes  No

Have you passed wind? Yes  No

**Patients with a stoma -**

Have you participated in stoma care today? Yes  No

**Mobilising -**

Have you been out of bed for 6 hours? Yes  No

How many times have you walked? 1  2  3  4+

**Mouth care -**

Have you brushed your teeth? am  pm

Have you used mouthwash? am  pm

**Chest physio -**

How many times have you used your spirometer?

1-2  3-4  5-6  7+

Have you practised deep breathing and coughing? Yes  No

**Pain -**

How would you rate your pain?

No Pain  Mild  Moderate  Severe

**Nausea -**

Have you experienced nausea? Yes  No

**Vomiting -**

Have you vomited? Yes  No

Have you got changed into your own clothes today? Yes  No

**How are you feeling?**

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**If you are to be discharged home today, please complete the final page of this diary.**

# Tell us about your experience

Please complete on the day of discharge and give to a member of staff

ERAS+ is a programme developed to support and guide you and your family in preparation for your surgery. The programme provides information on how to prepare and recover well from surgery through:

- Surgery school.
- Physical activity and muscle strengthening.
- Oral health.
- Nutrition.
- Chest training.
- Well-being.

How satisfied were you with your experience of Enhanced Recovery (ERAS+)?



1. Very Unatisfied



2. Unatisfied



3. Neither satisfied or unatisfied



4. Satisfied



5. Very Satisfied

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*Thank you for completing this diary. We wish you a speedy recovery*







**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).



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