Oxford University Hospitals NHS Trust

Thoracic surgery

Enhanced Recovery Programme

Patient Diary
Your Road to Recovery…

…Choose the fast lane.
Name: .........................................................................................................................................

My Consultant is: ......................................................................................................................

My Specialist Nurse is: .............................................................................................................

My Physiotherapist is: ................................................................................................................

Admission date: ..........................................................................................................................

Expected discharge date: .......................................................................................................... 

Discharge date: ...........................................................................................................................

My operation was: ......................................................................................................................

......................................................................................................................................................

Date of operation: .......................................................................................................................
Check list for admission

On admission please remember to bring in:

• toiletries (with shower gel rather than soap)

• loose fitting nightwear, comfortable clothes to wear after your operation and non-slip slippers

• all your medications in the green bag provided (including inhalers and dressings)

• the antiseptic lotion, mouthwash and nasal cream you were given at the pre-operative admission clinic

• this Enhanced Recovery Programme diary.
Enhanced Recovery Programme patient diary

The purpose of this diary is for you to record your thoughts and feelings throughout your hospital stay. It is also for recording your progress with the Enhanced Recovery principles of early nutrition and early mobilisation.

The diary is designed for you to complete, but relatives, friends and members of the team looking after you (doctors, nurses, physiotherapists and dietitian) can help you to fill it in if you need them to.

This diary sets out guidelines of what to expect on the days after your surgery. However, as everyone is an individual, you may vary slightly from the programme details. If your post-operative recovery varies from the programme set out, this does not mean you have failed, it is purely a variation to the programme.

Whilst we hope that you will complete this diary, it will not affect your care if you choose not to.

We would like to keep this diary when you go home. This is so that we can use the information you have recorded to monitor our Enhanced Recovery Programme, to make sure it continues to work well.

If you would like to keep this diary, please let your nurse know and we will be happy to photocopy it for you.
It is important that you get moving (mobilise) as soon as possible after your operation. Before your “drips and drains” are removed you will be shown how to carry them around with you. Mobilisation is the key to your recovery. It helps your body to recover and can prevent some of the common complications after an operation.

In order to mobilise you will need good pain relief. The doctors and nurses are keen to help you to manage your pain. If you are in pain at any time, please let your nurse know. We need you to be as free of pain as possible, to help you move around comfortably.

Below is a list of goals/targets that you should be able to achieve before your discharge from hospital. As every person is an individual, you will achieve these goals at your own pace. Please record the post-operative day on which you achieve each goal. Having this record should help to keep you motivated with the Enhanced Recovery Programme.

<table>
<thead>
<tr>
<th>Goal/Target</th>
<th>Post-operative day achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit out of bed for more than 6 hours, returning to bed for a 1-2 hour rest in the afternoon.</td>
<td></td>
</tr>
<tr>
<td>Walk a lap of the ward.</td>
<td></td>
</tr>
<tr>
<td>Get dressed into your own clothes without help.</td>
<td></td>
</tr>
</tbody>
</table>
Before you come in for your surgery

Exercise

It is important that you are as active as possible before your surgery. This will help you to be in the best possible condition for the anaesthetic and operation. The fitter you are before surgery, the more quickly you will recover afterwards.

Exercise can include going for a walk, going up and down the stairs a few times, cycling, or exercise classes. Any sort of exercise which will get you moderately short of breath is beneficial.

Please record below the exercise that you do in the week before coming in for your surgery:

7 days before surgery: .................................................................
....................................................................................................

6 days before surgery: .................................................................
....................................................................................................

5 days before surgery: .................................................................
....................................................................................................

4 days before surgery: .................................................................
....................................................................................................

3 days before surgery: .................................................................
....................................................................................................

2 days before surgery: .................................................................
....................................................................................................

1 day before surgery: .................................................................
....................................................................................................
Nutrition

Continue to eat and drink normally in the weeks running up to your surgery.

The day before your surgery eat and drink normally but try to eat foods that are high in carbohydrates, such as potatoes, pasta, bread and rice.

Follow the instructions in your information leaflet about when to take your nutritional drinks (Ensure) and your carbohydrate drinks (Nutricia preOp)

**Afternoon and evening before surgery:**
1st Ensure drink: Time finished: ...........................................
   (Afternoon)
2nd Ensure drink: Time finished: ...........................................
   (Evening)

**Day of surgery:**
Take both Nutricia preOp drinks:
   (to be finished 2 hours before admission)
   Time finished: ...........................................

Time of last drink of clear fluids:
   (up to 2 hours before admission) Time finished: ...........................................

If you have insulin dependent diabetes, write down when you had your last drink of clear fluids: Time finished: ...........................................
**Day of surgery**

**Plan:** Achieve satisfactory pain control so you can comfortably achieve your goals. Sit upright in bed. Sit out of bed (if you return to the ward before 3.00 pm).

**Pain:** Please score your pain using the following scoring:
0 = no pain  1 = mild pain  2 = moderate pain  3 = severe pain
At rest □  When moving □

You must tell your nurse if your pain score is more than 1.

**GOALS**

**Mobility:** *(tick if achieved)*
I managed to sit upright in bed □
I managed to sit out of bed for 1 hour □

**Nutrition:** *(tick if achieved)*
I managed to drink □
I managed to eat □

If you have had difficulty reaching your goals, why was this? (e.g. pain, nausea)
Post-op Day 1

Plan: Sit out of bed. Walk at least 4 laps of the ward. Eat and drink normally. Achieve satisfactory pain control.

Pain: Please score your pain using the following scoring:
0 = no pain  1 = mild pain  2 = moderate pain  3 = severe pain
At rest □  When moving □

You must tell your nurse if your pain score is more than 1.

GOALS
Mobility: (tick if achieved)
I managed to sit out of bed for 3 hours   am □  pm □
I managed to go for a walk with assistance  am □  pm □
Distance walked (aim for at least 4 laps of the ward): .........................
Steps achieved: ..............................................................
Distance cycled: ..............................................................

Nutrition: (tick if achieved)
I managed to eat and drink □

Activities of daily living:
I managed to wash with assistance □
I dressed in my own clothes □

If you have had difficulty reaching your goals, why was this? (e.g. pain, nausea)
Post-op Day 2

**Plan:** Sit out of bed most of the day and walk for 6 laps of the ward. Eat and drink normally. Achieve satisfactory pain control.

**Pain:** Please score your pain using the following scoring:
0 = no pain  1 = mild pain  2 = moderate pain  3 = severe pain
At rest ☐  When moving ☐

You must tell your nurse if your pain score is more than 1.

**GOALS**

**Mobility:** *(tick if achieved)*
I managed to sit out of bed for 3 hours am ☐ pm ☐
I managed to go for a walk on my own am ☐ pm ☐
Distance walked (aim for 6 laps of the ward): .............................................
Steps achieved: ................................................................
Distance cycled: ...............................................................

**Nutrition:** *(tick if achieved)*
I managed to eat and drink ☐

**Activities of daily living:**
I managed to wash myself ☐
I dressed in my own clothes ☐

If you have had difficulty reaching your goals, why was this? (e.g. pain, nausea)
Post-op Day 3

Plan: Sit out of bed most of the day and walk for 8 laps of the ward. Eat and drink normally. Achieve satisfactory pain control.

Pain: Please score your pain using the following scoring:
0 = no pain 1 = mild pain 2 = moderate pain 3 = severe pain
At rest □ When moving □

You must tell your nurse if your pain score is more than 1.

GOALS

Mobility: (tick if achieved)
I managed to sit out of bed for 3 hours am □ pm □
I managed to go for a walk on my own am □ pm □
Distance walked (aim for 8 laps of the ward): ............................................
Steps achieved: .................................................................
Distance cycled: .................................................................

Nutrition: (tick if achieved)
I managed to eat and drink □

Activities of daily living:
I managed to wash myself □
I dressed in my own clothes □

If you have had difficulty reaching your goals, why was this? (e.g. pain, nausea)
Post-op Day 4

Plan: Sit out of bed most of the day. Walk 10 laps of the ward. Eat and drink normally. Achieve satisfactory pain control. Discharged home.

**Pain:** Please score your pain using the following scoring:
0 = no pain   1 = mild pain   2 = moderate pain   3 = severe pain
At rest □    When moving □

You must tell your nurse if your pain score is more than 1.

**GOALS**

**Mobility:** *(tick if achieved)*
I managed to sit out of bed for 3 hours   am □   pm □
I managed to go for a walk on my own   am □   pm □
Distance walked (aim for 10 laps of the ward): ...........................................
Steps achieved: ..............................................................
Distance cycled: ..............................................................

**Nutrition:** *(tick if achieved)*
I managed to eat and drink □

**Activities of daily living:**
I managed to wash myself □
I dressed in my own clothes □

If you have had difficulty reaching your goals, why was this?
(e.g. pain, nausea)
Post-op Day 5

If you are still in hospital on day 5 after your surgery that is not a problem. Just continue to build up your walking and continue to eat and drink normally.

**Plan:** Sit out of bed most of the day. Walk 10 laps of the ward. Eat and drink normally. Achieve satisfactory pain control. Discharged home.

**Pain:** Please score your pain using the following scoring:
0 = no pain   1 = mild pain   2 = moderate pain   3 = severe pain
At rest □   When moving □

You must tell your nurse if your pain score is more than 1.

**GOALS**

**Mobility:** *(tick if achieved)*
I managed to sit out of bed for 3 hours   am □   pm □
I managed to go for a walk on my own   am □   pm □
Distance walked (aim for 10 laps of the ward): ...........................................
Steps achieved: ............................................................
Distance cycled: ............................................................

**Nutrition:** *(tick if achieved)*
I managed to eat and drink □

**Activities of daily living:**
I managed to wash myself □
I dressed in my own clothes □

If you have had difficulty reaching your goals, why was this? (e.g. pain, nausea)
Post-op Day 6

Plan: Sit out of bed most of the day. Walk 10 laps of the ward. Eat and drink normally. Achieve satisfactory pain control. Discharged home.

Pain: Please score your pain using the following scoring:
0 = no pain   1 = mild pain   2 = moderate pain   3 = severe pain
At rest □    When moving □

You must tell your nurse if your pain score is more than 1.

GOALS

Mobility: (tick if achieved)
I managed to sit out of bed for 3 hours am □ pm □
I managed to go for a walk on my own am □ pm □
Distance walked (aim for 10 laps of the ward): ..............................................
Steps achieved: ...............................................................
Distance cycled: ...............................................................

Nutrition: (tick if achieved)
I managed to eat and drink □

Activities of daily living:
I managed to wash myself □
I dressed in my own clothes □

If you have had difficulty reaching your goals, why was this? (e.g. pain, nausea)
The Enhanced Recovery Programme is based on criteria-led discharge; when you have achieved all the criteria it will be time for you to be discharged from hospital.

The criteria are listed below. It can be motivating to record the date when you achieved each one. You can note this below.

<table>
<thead>
<tr>
<th>Discharge criteria</th>
<th>Date achieved</th>
</tr>
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<tbody>
<tr>
<td>Assessed as medically fit for discharge</td>
<td></td>
</tr>
<tr>
<td>Effective pain control with painkillers</td>
<td></td>
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<tr>
<td>Eating and drinking well</td>
<td></td>
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<tr>
<td>Bowels opened or passing wind</td>
<td></td>
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<tr>
<td>Independently mobile; able to get yourself out of bed and on/off the toilet</td>
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</tbody>
</table>
Your experience

We would like to understand how you felt about your recent stay in hospital and would be grateful if you would answer the following questions. Your answers will be treated confidentially. Thank you.

<table>
<thead>
<tr>
<th>Question</th>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Not sure</th>
<th>4 Agree</th>
<th>5 Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel well informed about your planned surgery?</td>
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<tr>
<td>Did you feel well informed about what would happen after your surgery (whilst you were still in hospital)?</td>
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<tr>
<td>Were you informed about the benefits of exercising in the run up to your surgery and after surgery?</td>
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<tr>
<td>Did you feel that you were given enough written information about your planned surgery and what would happen afterwards?</td>
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<tr>
<td>Were you offered enough advice and support to stop smoking? (if applicable)</td>
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<tr>
<td>Did you feel involved in decisions about your discharge from hospital?</td>
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<tr>
<td>Do you feel that your pain has been well controlled?</td>
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<tr>
<td>Do you feel ready to go home?</td>
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<tr>
<td>Do you know who to contact if you have any problems when you get home?</td>
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<tr>
<td>Are you happy with your overall care experience?</td>
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</tbody>
</table>
Finally

**What did we do well?**

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..................................................................................................................
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**What can we do better?**

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**Any other comments:**

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