Enhanced Recovery Programme
Colorectal Surgery
Patient Progression Diary
Evening Post-Surgery

**Eating & Drinking**

*You can drink as soon as you wish after your surgery*

How much did you have to drink on the evening of your surgery?

_________________________________________________

*You can eat 6 hours after your operation*

Did you have anything to eat?

_________________________________________________

Did you manage a Fortisip/juce drink?

__________________________

**Breathing**

*It is important that you do deep breathing exercises as prevention against chest infection. Please refer to your Enhanced Recovery patient information leaflet.*

Have you managed 5 deep breaths every hour?

__________________________
Mobility

You can start to move around 6 hours after your operation

Have you sat out of bed? ____________________________ ______

Have you done leg exercises? ____________________________

Are you wearing the stockings to help prevent blood clots?

Pain & Nausea

Pain score

Please circle

(no pain) 0 1 2 3 4 5 6 7 8 9 10 (intolerable pain)

Nausea

Please circle

(no) 0 1 2 3 4 5 6 7 8 9 10 (vomiting)
Stoma Therapy (if stoma present)

Have you looked at your stoma bag? _______________________

Today’s goals achieved?   Yes   No

If No, please state reason:

_____________________________________________________

Day One after Your Operation

Eating & Drinking

You can eat & drink today

Did you have anything to eat?    Breakfast / Lunch / Dinner / Snacks

Have you been drinking today?    

Did you manage Fortisip/juce drinks?   1  2  3

Have you chewed gum?    1  2  3
Mobility, Exercise & Resuming Normality

It is important to sit out of bed, breath deeply and walk throughout the day

Have you sat out of bed and dressed in your own clothes? _______

Have you managed 5 deep breaths every hour? _______

Have you walked 60 metres today? _______ 1 2 3 4

Are you wearing the stockings to help prevent blood clots? _______

Have you observed the nurse give your Clexane injection ready for when you go home? (If required – Nurse or Dr will inform you) _______________

Pain & Nausea

Pain score  Please circle
(no pain)  0 1 2 3 4 5 6 7 8 9 10 (intolerable pain)
Day Two after Your Operation

Eating & Drinking

You can eat & drink today

Did you have anything to eat? Breakfast / Lunch / Dinner / Snacks

Have you been drinking today? ______

Did you manage Fortisip/juce drinks? 1 2 3

Have you chewed gum? 1 2 3

Mobility, Exercise & Resuming Normality

It is important to sit out of bed, breath deeply and walk throughout the day

Have you sat out of bed and dressed in your own clothes? ______

Have you managed 5 deep breaths every hour? ______

Have you walked 60 metres today? ______ 1 2 3 4

Are you wearing the stockings to help prevent blood clots?________

Have you practiced giving your Clexane injection with nurse supervision ready for when you go home? (If required - Nurse or Dr will inform you) ______________
Pain & Nausea

**Pain score**
- Please circle
- (no pain) 0 1 2 3 4 5 6 7 8 9 10 (intolerable pain)

**Nausea**
- Please circle
- (none) 0 1 2 3 4 5 6 7 8 9 10 (vomiting)

Toilet

- Have you passed wind? ______
- Have you had your bowels open? ______
- Have you passed urine (after your catheter is removed)?

Stoma Therapy (if stoma present)

- Have you looked at your stoma bag? ______
- Have you practiced empting your stoma bag? ______
- Have you practiced changing your stoma bag with help? ______

Today’s goals achieved?  Yes ☐  No ☐

If No, please state reason:
Day Three after Your Operation

**Eating & Drinking**

**You can eat & drink today**

Did you have anything to eat? Breakfast / Lunch / Dinner / Snacks

Have you been drinking today? ______

Did you manage Fortisip/juce drinks?  1  2  3

Have you chewed gum?  1  2  3

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**Mobility, Exercise & Resuming Normality**

**It is important to sit out of bed, breath deeply and walk throughout the day**

Have you sat out of bed and dressed in your own clothes? ______

Have you managed 5 deep breaths every hour? ______

Have you walked 60 metres today? ______  1  2  3  4

Are you wearing the stockings to help prevent blood clots?_______

Have you practiced giving your Clexane injection with nurse supervision ready for when you go home? (If required - Nurse or Dr will inform you) ______________
### Pain & Nausea

#### Pain score

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<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
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<td>(no pain)</td>
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<td>10</td>
<td>(intolerable pain)</td>
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</tbody>
</table>

#### Nausea

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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</thead>
<tbody>
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<td>(none)</td>
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<td>9</td>
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<tr>
<td>10</td>
<td>(vomiting)</td>
</tr>
</tbody>
</table>

### Toilet

- Have you passed wind? _______
- Have you had your bowels open? _______
- Have you passed urine? _______

### Stoma Therapy (if stoma present)

- Have you practiced emptying your stoma bag? _______
- Have you practiced changing your stoma bag with help? or independently? _______

### Today’s goals achieved?

- Yes ☐
- No ☐

If No, please state reason:
Day Four after Your Operation

**Eating & Drinking**

**You can eat & drink today**  
Please circle

Did you have anything to eat?  Breakfast / Lunch / Dinner / Snacks

Have you been drinking today? ______

Did you manage Fortisip/juce drinks?  1  2  3

Have you chewed gum?  1  2  3

**Mobility, Exercise & Resuming Normality**

**It is important to sit out of bed, breath deeply and walk throughout the day**

Have you sat out of bed and dressed in your own clothes? ______

Have you managed 5 deep breaths every hour? ______

Have you walked 60 metres today? ______  1  2  3  4

Are you wearing the stockings to help prevent blood clots?_______

Have you practiced giving your Clexane injection with nurse supervision ready for when you go home? (If required - Nurse or Dr will inform you) ______________
Pain & Nausea

Pain score

Please circle

(no pain) 0 1 2 3 4 5 6 7 8 9 10 (intolerable pain)

Nausea

Please circle

(no none) 0 1 2 3 4 5 6 7 8 9 10 (vomiting)

Toilet

Have you passed wind? _______

Have you had your bowels open? _______

Have you passed urine? _______

Stoma Therapy (if stoma present)

Have you practiced emptying your stoma bag? _______

Have you practiced changing your stoma bag independently? _______

Do you feel ready to be discharged home with your stoma? _______

Today’s goals achieved?  Yes ☐ No ☐

If No, please state reason:
Day Five after Your Operation

Eating & Drinking

You can eat & drink today  Please circle
Did you have anything to eat? Breakfast / Lunch / Dinner / Snacks

Have you been drinking today? ______

Did you manage Fortisip/juce drinks?  1  2  3

Have you chewed gum?  1  2  3

Mobility, Exercise & Resuming Normality

It is important to sit out of bed, breath deeply and walk throughout the day

Have you sat out of bed and dressed in your own clothes? ______

Have you managed 5 deep breaths every hour? ______

Have you walked 60 metres today? ______  1  2  3  4

Are you wearing the stockings to help prevent blood clots?_______

Have you practiced giving your Clexane injection with nurse supervision ready for when you go home? (If required - Nurse or Dr will inform you) _______________
Pain & Nausea

Pain score  Please circle
(no pain)  0  1  2  3  4  5  6  7  8  9  10 (intolerable pain)

Nausea  Please circle
(no)  0  1  2  3  4  5  6  7  8  9  10 (vomiting)

Toilet

Have you passed wind? _______
Have you had your bowels open? _______
Have you passed urine? _______

Stoma Therapy (if stoma present)

Have you practiced emptying your stoma bag? _______
Have you practiced changing your stoma bag independently?_____
Do you feel ready to be discharged home with your stoma? _______

Today’s goals achieved?  Yes ☐  No ☐
If No, please state reason:
_______________________________________________
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.