



Enhanced Recovery Programme (ERP) patient diary

General information

Enhanced recovery patient diary

This diary will give you some reminders of the aims of the enhanced recovery 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. Your family are welcome to contribute to the diary.

Confidentiality

All the information you provide will be treated in the strictest of confidence. The diary is completely anonymous; it is not necessary to write your name anywhere on the diary. However, if you would like to receive feedback on your comments there is space to add your contact details at the back of the diary.

What will it involve me doing?

You can write down your thoughts and feelings as soon as you are given the diary. Please 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 chose not to write in it.

Will the staff know I am keeping a diary?

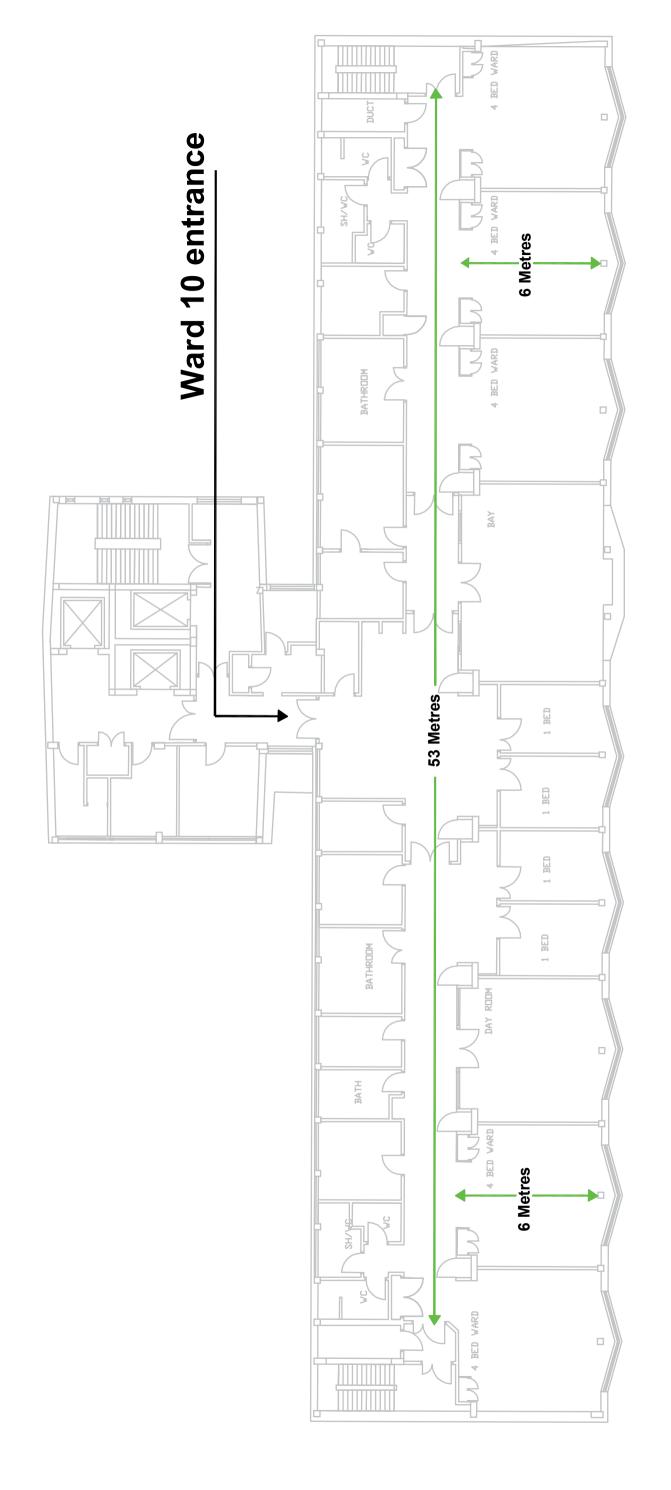
All staff will be aware that you are writing a daily diary and will fully support and respect your feelings and thoughts.

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

Please hand your completed diary to the nursing staff on Ward 10 at the time of your discharge or return using the FREEPOST envelope provided. We will then look at your comments and share them with the ward team, to provide them with feedback and importantly to improve standards of patient care.

If you have any questions about this diary please speak to your Enhanced Recovery Nurse

Have you been walking today?
Record the distance you walked in the diary



Patient satisfaction question naire

Ple	Please complete this section before returning this diary								
1.	Was the Enhanced Recovery surgery was discussed?	Programme (ERP) fully e	xplained to you when your	YES/NO					
2.	Did you fully understand the p	orinciples (early feeding/ea	arly mobilisation) of the ERP?	YES/NO					
3.	Did you fully understand the c	ommitment you were und	ertaking?	YES/NO					
4.	Were the staff fully involved in If NO, why?	the delivery of the ERP?		YES/NO					
5.	Did you feel confident that the If NO, Why?	ERP pathway was being	followed daily?	YES/NO					
6.	Did the ERP meet with your entry of the If NO, why?	xpectations?		YES/NO					
7.	Were you encouraged to com	plete your personal diary?	?	YES/NO					
8.	Was your discharge discussed	d with you?		YES/NO					
9.	Were you given enough inform If NO, why?	nation at pre-op to prepar	e you for your operation?	YES/NO					
10.	Were you made aware of the	follow-up telephone servi	ce?	YES/NO					
	Is there anything you feel we of the state o			YES/NO					
12.	Overall was your experience of	on the ERP pathway (plea	ase circle appropriately):	•					
	Excellent	Good	Satisfactory	Poor					

Thank you for taking the time to complete this questionnaire.

Please hand the completed diary to the nursing staff on Ward 10 or Ward 3 at the time of your discharge or return using the FREEPOST envelope provided.

We wish you a speedy recovery.
The Christie NHS Foundation Trust

DAY OF SURGERY

Fluids (inc	cludes Fortisip)								
Advice	Try to drink as much as you feel able to. This should include at least two supplement drinks.								
Action	Write down what you have drunk.								
	Glass of water/juice								
	Tea/coffee								
	Fortisip								
Progress	If you have not had a drink was it because (tick the answer below)								
	I did not wish to have a drink								
	I felt sick								
	☐ I was not offered one								
	The surgeon did not allow me to have one at this time								
Bowels	Harana and Cad								
	I have passed wind Yes No								
	I have opened my bowels Yes No								
Patients	with a stoma								
	I have looked at my stoma Yes U No U								
Getting of	out of bed								
Advice	Getting out of bed helps with your breathing and circulation after surgery. Even though you may have a catheter, drips and tubes it is ok to get out of bed and walk.								
Action	Have you got out of bed and sat in the chair for 2 hours? Yes No								
Progress	If no was it due to? (tick the answer below)								
	Not feeling well								
	Not feeling comfortable								
	Not asked by nursing staff								
	Other								
Deep bre	eathing								
Advice	Deep breathing and coughing is essential to help keep your chest clear.								
Action	Have you practised your deep breathing exercises? Yes No								
Dua 2002	If Nie was it does to O (tiels the approximation)								
Progress	If No, was it due to? <i>(tick the answer below)</i>								
	Not feeling well Not feeling semfortable								
Pain and									
	Are you feeling comfortable (pain well controlled)? Yes No								
	Are you feeling nauseous? Have you vomited? Yes \(\sum \) No \(\sum \)								
Any furth	her comments Overall, how do you feel?								

DAY ONE

Fluids (inc	luids (includes Fortisip)										
Advice	Try to drink as much as you feel able to. This should include at least three Fortisip drinks.										
Action	Write down what you have managed to drink. Glass of water/juice Tea/coffee Fortisip										
Progress	If No, was it due to? (tick the answer below) Not feeling well Feeling sick Did not like the taste of the Fortisip Surgeon did not allow										
Food											
Advice	Eating is not dangerous after surgery. Even small amounts of food speed up your recovery by giving you an appetite and making the muscles and nerves in your bowel work again.										
Action	Please circle how much of your food you have managed to eat today.										
	Breakfast a little half most All Lunch a little half most All Tea a little half most All Supper a little half most All										
	Any snacks? Please list a few that you've enjoyed										
Bowels	I have passed wind Yes No										
Patients	with a stoma I have looked at my stoma I have helped to empty my stoma bag Yes No										
Getting of	out of bed and walking										
Action	I have been out of bed for at least 6 hours today Yes No How many times have you walked today? (please circle) 1 2 3 4										
Progress	If you have not been able to get out of bed/walk was it because you were: Not feeling well Not feeling comfortable Not asked by nursing staff Other										

DAY SEVEN

Getting o	Getting out of bed and walking											
Action	I have been out of bed for at least 6 hours today Yes How many times have you walked today? (please circle)	No (
	1 2 3 4											
Progress	If you have not been able to get out of bed/walk was it beca	iuse you were	:									
	Not feeling wellNot feeling comfortableNot asked by nursing staffOther											
Deep bre	athing											
Advice	You should be able to do your breathing exercises comfortally likely cannot, especially because of pain, please let us known	•	ır.									
Action	Have you practised your deep breathing exercises?	Yes 🗌	No 🗌									
Pain and	nausea Are you feeling comfortable? (pain well controlled) Are you feeling nauseous? Have you vomited?	Yes Yes Yes	No No No									
Any furth	er comments Overall, how do you	feel?										
Contact	details (if applicable)											
Name												
Address												
Postcode												

DAY SEVEN

Fluids (ind	cludes Fortisip)									
Advice	Try to drink as mu This should include	•		inks.						
Action	Write down what you have managed to drink.									
	Glass of wa	ater/juice								
	Tea/coffeeFortisip									
Progress		to? (tick the a	nswer below)					.		
	■ Not feeling	well								
	Feeling sicl	k								
	Did not like	the taste of	he Fortisip							
	Surgeon di	d not allow						_		
Food										
Advice	Eating is not dangerous after surgery. Even small amounts of food speed up your recovery by giving you an appetite and making the muscles and nerves in your bowel work again.									
Action	Please circle how much of your food you have managed to eat today.									
	Breakfast	a little	half	most	All					
	Lunch	a little	half	most	All					
	Tea	a little	half	most	All					
	Supper	a little	half	most	All					
	Any snacks? Ple	ase list a few	that you've e	njoyed.						
	L							nd		
Bowels					_			-		
	I have pass		Yes			a 1:441 a	balf	ma.a.d		
	I have oper	ned my bowe	ls Yes	No		a little	half	most -		
Patients	with a stoma					_	_			
		ed at my stor				Yes	No 🗌			
	•		ny stoma bag			Yes U	No U			
		nged my ston	•	able to manage	at home	Yes Yes	No 📗 No 🦳			
			home today?	able to manage	at nome	Yes	No 🗌			
	If No, why?	, ,	nomo today.			.00				
	<u></u>									
	<u></u>									

DAY ONE

Deep br	reathing						
Advice	You should be able to do your brealf you cannot, especially because	•					
Action	Have you practised your deep bro	eathing exercises?	Yes 🗌	No			
Pain and	d n ausea						
	Are you feeling comfortable	e (pain well controlled)?	Yes 🗌	No 🗌			
	Are you feeling nauseous?		Yes 🗌	No 🗌			
	Have you vomited?		Yes 🗌	No 🗌			
Any furt	ther comments	Overall, how do you	ı feel?				

DAY TWO

Fluids (ind	cludes Fortisip)										
Advice	Try to drink as mu This should includ	•		nks.							
Action	Write down what you have managed to drink. Glass of water/juice Tea/coffee Fortisip										
Progress	If No, was it due to? (tick the answer below) Not feeling well Feeling sick Did not like the taste of the Fortisip Surgeon did not allow										
Food											
Advice	Eating is not dangerous after surgery. Even small amounts of food speed up your recovery by giving you an appetite and making the muscles and nerves in your bowel work again.										
Action	Please circle how much of your food you have managed to eat today.										
	Breakfast	a little	half	most	All						
	Lunch	a little	half	most	All						
	Tea	a little	half	most	All						
	Supper	a little	half	most	All						
	Any snacks? Plea	ase list a few	that you've er	njoyed.							
	<u>:</u>										
Bowels	I have passe I have open	ed wind ed my bowels	8	Yes Yes	No 🗌 No 🦳						
Patients	with a stoma	•									
	I have looke I have helpe	ged my stoma	ny stoma bag a bag	Yes	No	ted.					
Getting	out of bed and wa	alkina									
Action	I have been out of		ast 6 hours to	day Ye	s No [٦					
	How many times h			•		_					
	1 2	3 4	- "								
Progress	If you have not be	en able to ge	t out of bed/w	alk was it bed	cause you were:						
-	Not feeling v	· ·			•						
	Not feeling										
	Not asked b	y nursing sta	ff								
	Other										

DAY SIX

Getting o	out of bed	and wa	lking									
Action	I have been out of bed for at least 6 hours today Yes No How many times have you walked today? (please circle)											
	1	2	3	4								
Progress	Not f	eeling v eeling c asked b		ble	t of bed	/walk wa	as it bec	ause yo	u were	e:		
Deep bre	athing											
Advice	You should be able to do your breathing exercises comfortably every hour. If you cannot, especially because of pain, please let us know.											
Action	Have you p	oractise	d your d	eep brea	thing ex	xercises	?	Yes	;	No		
Pain and	nausea											
	Are		ng naus	fortable? seous?	(pain w	ell contr	rolled)	Yes Yes	\simeq	No No No	\simeq	
Any further comments				Ove	erall, hov	w do you	u feel?	<u></u>				

DAY SIX

Fluids (ii	ncludes Fortisip,										
Advice	Try to drink as mu This should include	•		inks.							
Action	Write down what you have managed to drink. Glass of water/juice Tea/coffee Fortisip										
Progress	If No, was it due to? (tick the answer below)										
	Not feelingFeeling sickDid not likeSurgeon did	the taste of th	ne Fortisip								
Food											
Advice	Eating is not dangerous after surgery. Even small amounts of food speed up your recovery by giving you an appetite and making the muscles and nerves in your bowel work again.										
Action	Please circle how much of your food you have managed to eat today.										
	Breakfast	a little	half	most	All						
	Lunch	a little	half	most	All						
	Tea Supper	a little a little	half half	most most	AII AII						
	Any snacks? Please list a few that you've enjoyed.										
Bowels											
	I have pass I have open	ed wind led my bowels	Yes S Yes		\equiv						
Patients	with a stoma					_					
		ed at my stom				Yes 🗌	No 🗌				
	•	ed to empty m				Yes U	No U				
		ged my stoma	•	able to manage		Yes Yes	No 🗌 No 🦳				
		ready to go h		able to manage		Yes 🗍	No 🗍				
	If No, why?	, 0	,								

DAY TWO

Deep bi	reathing									
Advice	ce You should be able to do your breathing exercises comfortably every hour. If you cannot, especially because of pain, please let us know.									
Action	Have you practised your deep breathing ex	xercises?	Yes	No						
Pain an	d nausea									
	Are you feeling comfortable (pain we	ell controlled)?	Yes 🗌	No 🔲						
	Are you feeling nauseous?		Yes U	No U						
	Have you vomited?		Yes	No \bigsqcup						
Any fur	ther comments Over	erall, how do you	feel?							

DAY THREE

Fluids (inc	cludes Fortisip)										
Advice	Try to drink as much this should include	•		nks.							
Action	Write down what you have managed to drink. Glass of water/juice Tea/coffee Fortisip										
Progress	If No, was it due to? (tick the answer below) Not feeling well Feeling sick Did not like the taste of the Fortisip Surgeon did not allow										
Food											
Advice	Eating is not dangerous after surgery. Even small amounts of food speed up your recovery by giving you an appetite and making the muscles and nerves in your bowel work again.										
Action	Please circle how much of your food you have managed to eat today.										
	Breakfast	a little	half	most	All						
	Lunch	a little	half	most	All						
	Tea	a little	half	most	All						
	Supper a little half most All										
	Any snacks? Plea	se list a few	that you've e	njoyed.							
Bowels	I have passe	ed wind ed my bowels	}	Yes	No 🗌 No 🔲						
Patients	with a stoma										
	I have looke I have helpe	d at my stom d to empty m ged my stoma	y stoma bag	Yes	No						
Please do	not worry if you do	not feel as w	ell as you did	yesterday.Th	is can be expec	ted					
Getting of	out of bed and wa	ılking									
Action	I have been out of How many times h			-	s No C						
Progress	If you have not been not been not feeling when the last of the las	vell		alk was it bed	cause you were:						

DAY FIVE

Getting of	out of bed	and wa	alking								
Action	I have been out of bed for at least 6 hours today Yes No How many times have you walked today? (please circle)										
	1	2	3	4							
Progress	If you have not been able to get out of bed/walk was it because you were: Not feeling well Not feeling comfortable Not asked by nursing staff Other										
Deep bre	athing										
Advice	You should be able to do your breathing exercises comfortably every hour. If you cannot, especially because of pain, please let us know.										
Action	Have you	practise	ed your d	leep brea	ithing exe	ercises?		Yes 🗌	No		
Pain and	nausea										
	Are		ing naus		(pain wel	II control	lled)	Yes Yes Yes	No No No	\simeq	
Any further comments					Over	all, how	do you f	eel?			

DAY FIVE

Fluids (inc	ludes Fortisip)									
Advice	Try to drink as much as you feel able to. This should include at least three Fortisip drinks.									
Action	Write down what you have managed to drink.									
	Glass of wa Tea/coffee Fortisip	ter/juice								
Progress	If No, was it due to? (tick the answer below)									
	 Not feeling well Feeling sick Did not like the taste of the Fortisip Surgeon did not allow 									
Food										
Advice	Eating is not dangerous after surgery. Even small amounts of food speed up your recovery by giving you an appetite and making the muscles and nerves in your bowel work again.									
Action	Please circle how much of your food you have managed to eat today.									
	Breakfast	a little	half	most	All					
	Lunch -	a little	half	most	All					
	Tea Supper	a little a little	half half	most most	All All					
	Any snacks? Please list a few that you've enjoyed.									
Bowels										
	I have passed wind Yes No No I have opened my bowels Yes No No									
Patients	with a stoma									
		ed at my stom				Yes 🗌	No 🗌			
	I have helped to empty my stoma bag Yes No									
	I have changed my stoma bag I have changed my stoma bag & feel able to manage at home Yes No No									
	Do you feel ready to go home today? Yes No									
	If No, why?									

DAY THREE

Deep bi	reathing							
Advice	You should be able to do your breathing exercises comfortably every hour. If you cannot, especially because of pain, please let us know.							
Action	Have you practised your deep breathing e	Yes 🗌	No					
Pain an	d nausea							
	Are you feeling comfortable? (pain v	well controlled)	Yes 🔲	No 🔲				
	Are you feeling nauseous?		Yes	No 🔲				
	Have you vomited?		Yes	No 🗌				
Any fur	ther comments Ov	verall, how do you	feel?					

DAY FOUR

Fluids (inc	ludes nutritional d	rinks)									
Advice	Try to drink as much as you feel able to. This should include at least three Fortisip drinks.										
Action	Write down what you have managed to drink.										
	Glass of water/juice										
	Tea/coffee										
	Fortisip										
Progress	If No, was it due to? (tick the answer below)										
	Not feeling	well									
	Feeling sick	(
	Did not like	Did not like the taste of the Fortisip									
	Surgeon did	d not allow									
Food											
Advice	Eating is not dangerous after surgery.										
	Even small amounts of food speed up your recovery by giving you an appetite and making the muscles and nerves in your bowel work again.										
Action	Please circle how much of your food you have managed to eat today.										
71011011	Breakfast	a little	half	most	All	•					
	Lunch	a little	half	most	All						
	Tea	a little	half	most	All						
	Supper	a little	half	most	All						
	Any snacks? Ple	ase list a few	that you've e	enjoyed.							
	<u>:</u>										
Bowels											
	I have pass	ed wind	Yes	s 🔲 No							
	I have oper	ed my bowels	s Yes	s 📗 No							
Patients	with a stoma										
	I have look	ed at my stom	ıa			Yes 🗌	No 🗌				
	I have helped to empty my stoma										
	I have changed my stoma										
	I have changed my stoma bag & feel able to manage at home Yes No										
	Do you feel ready to go home today? Yes No										
	If No, why?										

DAY FOUR

Getting of	out of bed	and wa	alking								
Action	I have been out of bed for at least 6 hours today Yes No How many times have you walked today? (please circle)										
	1	2	3	4							
Progress	Not f	eeling veeling of the second s		ble	of bed/wa	ılk was i	it becau	se you w	'ere:		
Deep bre	athing										
Advice	You should be able to do your breathing exercises comfortably every hour. If you cannot, especially because of pain, please let us know.										
Action	Have you practised your deep breathing exercises?							Yes _) 1	No 🗌	
Pain and	nausea										
	Are	ou feel	ing coming nausomited?	fortable?(seous?	pain well	controll	ed)	Yes Yes Yes) 1	No	
Any further comments					Overal	l, how c	do you fe	eel?			

Our service

If you have any further questions about your condition, treatment or procedure then please telephone

Ward 10: 0161 446 3860 or

Ward 3: 0161 918 2159