



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.

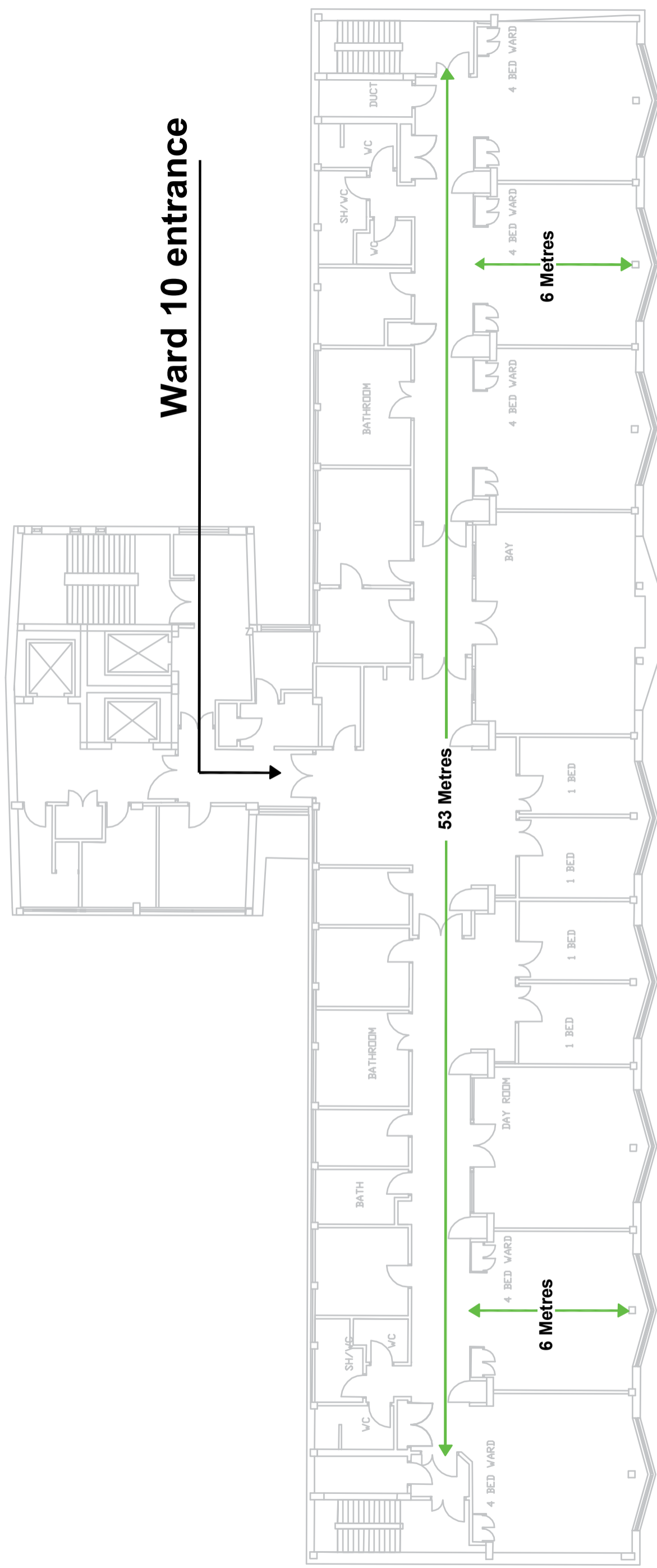
What will happen to the diary once I have completed it?

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 questionnaire

Please complete this section before returning this diary

1. Was the Enhanced Recovery Programme (ERP) fully explained to you when your surgery was discussed? YES/NO
2. Did you fully understand the principles (early feeding/early mobilisation) of the ERP? YES/NO
3. Did you fully understand the commitment you were undertaking? YES/NO
4. Were the staff fully involved in the delivery of the ERP?
If NO, why? YES/NO
5. Did you feel confident that the ERP pathway was being followed daily?
If NO, Why? YES/NO
6. Did the ERP meet with your expectations?
If NO, why? YES/NO
7. Were you encouraged to complete your personal diary? YES/NO
8. Was your discharge discussed with you? YES/NO
9. Were you given enough information at pre-op to prepare you for your operation?
If NO, why? YES/NO
10. Were you made aware of the follow-up telephone service? YES/NO
11. Is there anything you feel we could do better to improve the program?
If YES, what? YES/NO
12. Overall was your experience on the ERP pathway (please 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 (includes 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

I have passed wind Yes No

I have opened my bowels Yes No

Patients with a stoma

I have looked at my stoma Yes No

Getting 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 breathing

Advice Deep breathing and coughing is essential to help keep your chest clear.

Action Have you practised your deep breathing exercises? Yes No

Progress If No, was it due to? *(tick the answer below)*

- Not feeling well
 - Not feeling comfortable
-

Pain and nausea

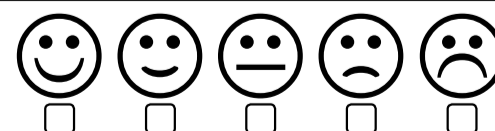
Are you feeling comfortable (pain well controlled)? Yes No

Are you feeling nauseous? Yes No

Have you vomited? Yes No

Any further comments

Overall, how do you feel?



DAY ONE

Fluids (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

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Bowels

I have passed wind Yes No

I have opened my bowels Yes No

Patients with a stoma

I have looked at my stoma Yes No

I have helped to empty my stoma bag Yes No

Getting 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 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

Deep breathing

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 No

Pain and nausea

Are you feeling comfortable? (pain well controlled) Yes No

Are you feeling nauseous? Yes No

Have you vomited? Yes No

Any further comments

Overall, how do you feel?     

Contact details (if applicable)

Name

Address

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.....

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Postcode

DAY SEVEN

Fluids (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 .

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Bowels

I have passed wind	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
I have opened my bowels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	a little	half	most

Patients with a stoma

I have looked at my stoma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have helped to empty my stoma bag	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have changed my stoma bag	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have changed my stoma bag & feel able to manage at home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you feel ready to go home today?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If No, why?

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DAY ONE

Deep breathing

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 No

Pain and nausea

Are you feeling comfortable (pain well controlled)? Yes No
Are you feeling nauseous? Yes No
Have you vomited? Yes No

Any further comments

Overall, how do you feel?     

DAY TWO

Fluids (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.

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Bowels

I have passed wind Yes No

I have opened my bowels Yes No

Patients with a stoma

I have looked at my stoma Yes No

I have helped to empty my stoma bag Yes No

I have changed my stoma bag Yes No

Please do not worry if you do not feel as well as you did yesterday. This can be expected.

Getting 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 SIX

Getting 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

Deep breathing

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 No

Pain and nausea

Are you feeling comfortable? (pain well controlled) Yes No

Are you feeling nauseous? Yes No

Have you vomited? Yes No

Any further comments

Overall, how do you feel?     

DAY SIX

Fluids (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.

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Bowels

I have passed wind Yes No

I have opened my bowels Yes No

Patients with a stoma

I have looked at my stoma Yes No

I have helped to empty my stoma bag Yes No

I have changed my stoma bag Yes No

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?

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DAY TWO

Deep breathing

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 No

Pain and nausea

Are you feeling comfortable (pain well controlled)? Yes No

Are you feeling nauseous? Yes No

Have you vomited? Yes No

Any further comments

Overall, how do you feel?     

DAY THREE

Fluids (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.

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Bowels

I have passed wind Yes No

I have opened my bowels Yes No

Patients with a stoma

I have looked at my stoma Yes No

I have helped to empty my stoma bag Yes No

I have changed my stoma bag Yes No

Please do not worry if you do not feel as well as you did yesterday. This can be expected

Getting 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 FIVE

Getting 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

Deep breathing

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 No

Pain and nausea

Are you feeling comfortable? (pain well controlled) Yes No
Are you feeling nauseous? Yes No
Have you vomited? Yes No

Any further comments

Overall, how do you feel?     

DAY THREE

Deep breathing

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 No

Pain and nausea

Are you feeling comfortable? (pain well controlled) Yes No

Are you feeling nauseous? Yes No

Have you vomited? Yes No

Any further comments

Overall, how do you feel?     

DAY FOUR

Getting 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

Deep breathing

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 No

Pain and nausea

Are you feeling comfortable? (pain well controlled) Yes No

Are you feeling nauseous? Yes No

Have you vomited? Yes No

Any further comments

Overall, how do you feel?     

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