

Palm Drive Hospital

# **GENERAL SURGICAL POST-OP ORDERS**

If you wish to make revisions, use the document at  
**G:\FORMS IN REVISION \ Orders Physician-Revise 1-2010.**

**DO NOT MAKE REVISIONS TO THIS DOCUMENT.**

**TO PRINT THIS DOCUMENT: Print pages 2 and 3 ONLY**

1/5/10—N. Shimetz

# GENERAL SURGICAL POST-OP ORDERS

CHECK BOX TO ACTIVATE ORDER IF APPLICABLE

CROSS OUT NON-APPLICABLE ORDERS WITH SINGLE LINE

<b>ADMISSION INFORMATION</b>	Admit to: <input type="checkbox"/> <b>HOSPITALIST SERVICE</b> and/or <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Med/Surg <input type="checkbox"/> ICU (see also ICU Standing Orders) <input type="checkbox"/> Tele (see also Telemetry Standing Orders) Surgery/Diagnosis: _____ Secondary Diagnosis: _____ Condition: <input type="checkbox"/> stable <input type="checkbox"/> fair <input type="checkbox"/> guarded <input type="checkbox"/> critical Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Other: _____ Code Status (see Goldenrod) Advance Directives: <input type="checkbox"/> on chart <input type="checkbox"/> completed by PCP – please call _____ for copy <input type="checkbox"/> unknown
<b>REFERRALS</b>	<input type="checkbox"/> Discharge Planning <input type="checkbox"/> Financial Services <input type="checkbox"/> Social Services <input type="checkbox"/> _____ <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Dysphagia <input type="checkbox"/> Wound/Ostomy Care RN Integrative Health: <input type="checkbox"/> Integrative Medical Consult <input type="checkbox"/> All OK PRN pt request <input type="checkbox"/> Acupuncture <input type="checkbox"/> Music Care <input type="checkbox"/> Guided Imagery/Hypnosis <input type="checkbox"/> Massage therapy <input type="checkbox"/> Osteopathic manipulative treatment
<b>NURSING</b>	Post-op VS every 15 mins until stable, then every 30 mins x 4, then every hr x 4 VS: <input type="checkbox"/> every 4 hrs <input type="checkbox"/> every 8 hrs <input type="checkbox"/> Per Unit Protocol I&O daily <input type="checkbox"/> Weigh daily <input type="checkbox"/> Foley catheter to drainage. D/C foley on morning of post-op day _____ Turn patient every 2 hours Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> OOB to chair _____ <input type="checkbox"/> Amb. as tol. <input type="checkbox"/> _____ Drains: <input type="checkbox"/> Management per PDH policy or <input type="checkbox"/> _____ <input type="checkbox"/> Jackson Pratt <input type="checkbox"/> Hemovac <input type="checkbox"/> Penrose <input type="checkbox"/> Chest tube _____ Dressing: _____ Notify physician if: <input checked="" type="checkbox"/> HR < _____ or > _____ <input checked="" type="checkbox"/> SBP < _____ or > _____ <input checked="" type="checkbox"/> DBP < _____ or > _____ <input checked="" type="checkbox"/> RR < _____ or > _____ <input checked="" type="checkbox"/> Temp > _____ <input checked="" type="checkbox"/> SpO2 < _____ % <input checked="" type="checkbox"/> Urine Output < 20 ml/hr <input checked="" type="checkbox"/> Hemoglobin < _____ % <input checked="" type="checkbox"/> Unusual wound drainage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>LAB</b>	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>X-RAY</b>	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>DIETARY</b>	<input type="checkbox"/> NPO until further orders <input type="checkbox"/> Sips and chips <input type="checkbox"/> Progress diet as tolerated: <input checked="" type="checkbox"/> Clear liquids when bowel sounds present <input checked="" type="checkbox"/> Full liquids when tolerating clear liquids <input checked="" type="checkbox"/> When tol. full liquids: <input type="checkbox"/> Regular <input type="checkbox"/> Cardiac <input type="checkbox"/> _____ Gm Sodium <input type="checkbox"/> _____ Calories ADA <input type="checkbox"/> Encourage PO fluids
<b>RESPIRATORY CARE</b>	Pneumonia prophylaxis: IS every 1-2 hrs WA, cough and deep breathe every 2 hours WA O2 to keep O2 Sat > 92% Wean and D/C PRN <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>INFECTION PREVENTION</b>	<input type="checkbox"/> Isolation Precautions—for: _____ <b>MRSA LEGAL REQUIREMENTS:</b> <input checked="" type="checkbox"/> MRSA NARES SCREEN ON <u>ADMIT</u> if: Discharged from an acute care hospital within past 30 days; <b>OR</b> Transferred from a nursing facility; <b>OR</b> Admission to ICU (one screen per hospital stay). <input type="checkbox"/> Positive MRSA History—Do not test. Start Glove Precautions. <input checked="" type="checkbox"/> MRSA NARES SCREEN ON <u>DAY OF DISCHARGE</u> if Palm Drive LOS > 10 days <b>AND</b> patient was in ICU. <input type="checkbox"/> Completed at pre-op appointment <b>CULTURES:</b> <input type="checkbox"/> wound <input type="checkbox"/> aspiration closed wound <input type="checkbox"/> sputum (PNA) <input type="checkbox"/> U/A with UTI symptoms/Hx <input type="checkbox"/> Blood <b>DIARRHEA:</b> (3 or more unformed stools in past 24 hours)—NOTIFY I.P. x4386 and send stool for C-Difficile Other etiologies: <input type="checkbox"/> Bacterial (stool culture) <input type="checkbox"/> Norovirus <input type="checkbox"/> Parasites x3 (O&P) rate <input type="checkbox"/> Other: _____
<b>VTE PROPHYLAXIS</b>	<input type="checkbox"/> No thrombosis prophylaxis required for surgery <60 minutes or post-op inpatient stays <2 days <input type="checkbox"/> No mechanical prophylaxis due to contraindications (bilateral amputee/lower extremity trauma) <input type="checkbox"/> No anticoagulation at this time due to contraindications to pharmacological VTE prophylaxis: platelet count <100,000/mm, on warfarin prior to admission, active bleeding (GI bleed, cerebral hemorrhage, CVA, retroperitoneal bleeding, bleeding risk, HIT), lumbar puncture or epidural catheter within 24 hours, hypersensitivity to Heparin or Enoxaparin. <input type="checkbox"/> SCD <b>OR</b> <input type="checkbox"/> TED hose <input type="checkbox"/> Enoxaparin 40 mg subQ daily x 7-10 days

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<b>IV</b>	IV: 1000 ml D51/2 NS with 20 KCL at 100 ml/hr or <input type="checkbox"/> _____ <input type="checkbox"/> Saline lock when taking PO fluids well. D/C saline lock prior to discharge. <input type="checkbox"/> PICC consult/protocol
<b>ANTIBIOTICS</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>PEPTIC ULCER PROPHYLAXIS</b>	<input type="checkbox"/> Pantoprazole (Protonix) 40mg PO / IV daily <input type="checkbox"/> Famotidine (Pepcid) 20 mg PO / IV BID
<b>GLYCEMIC CONTROL</b>	<input type="checkbox"/> Notify physician if AM fasting blood sugar is > 140 <input type="checkbox"/> Sliding Scale Insulin (See sliding scale order sheet) <input type="checkbox"/> Intensive Insulin Protocol ( <b>ICU only</b> – see order sheet)
<b>PAIN MEDICATIONS</b>	<input type="checkbox"/> Ketoralac (Toradol) _____mg IV every 6 hours x ___ doses <b>OR</b> <input type="checkbox"/> _____mg IV every 6 hours <b>PRN</b> x ___ doses <input type="checkbox"/> Epidural/Intrathecal – <b>See "Physician Order Form"</b> (Pts may receive <b>only</b> those meds ordered on form. Pain, sedation, and nausea meds checked below may be initiated <b>after</b> Epi/Intrathecal orders D/C'd) <input type="checkbox"/> PCA— <b>See "PCA Physician Order Form"</b> (Pts may receive <b>only</b> those meds ordered on form. Pain, sedation, and nausea meds checked below may be initiated <b>after</b> PCA orders D/C'd) <u>For IV pain control:</u> (do not give any PO pain meds while patient receiving IV pain meds) <input type="checkbox"/> Morphine Sulfate _____ mg IV every 15 min PRN pain <input type="checkbox"/> Dilaudid _____ mg IV every hour PRN severe pain (max = _____ mg in 4 hours) <u>For PO pain control:</u> ( may give IV pain med only if ordered for breakthrough pain) <input type="checkbox"/> Percocet 5/325 1-2 tabs PO every 3 hrs PRN (1 tab for mild-mod pain < 5/10; 2 tabs for mod-severe pain ≥ 5/10) <input type="checkbox"/> Hydrocodone/Acetaminophen (Norco) 5/325mg 1 tab PO every 4 hrs PRN mild to moderate pain (< 5/10 ) <input type="checkbox"/> Hydrocodone/Acetaminophen (Norco) 5/325mg 2 tabs PO every 4 hrs PRN moderate to severe pain ( ≥ 5/10 ) <input type="checkbox"/> Morphine Sulfate _____mg IV every 1 hour PRN for breakthrough pain <input type="checkbox"/> Dilaudid _____mg IV every 1 hour PRN for breakthrough pain
<b>NAUSEA VOMITING</b>	<input type="checkbox"/> Dolasetron (Anzemet) 12.5 mg IV every 6 hours PRN nausea/vomiting, MR x 1 in 30 min <input type="checkbox"/> Ondansetron (Zofran) 4mg IV x 1 every 24 hours PRN nausea/vomiting <input type="checkbox"/> Promethazine (Phenergan) 25mg every 6 hrs PRN N/V PO (if tolerated) PR IM <input type="checkbox"/> Metoclopramide (Reglan) 10mg slow IV push over 2 minutes every 6 hrs PRN N/V <input type="checkbox"/> <i>(Alert: if on PCA, refer to PCA orders)</i>
<b>BOWEL CARE</b>	<input type="checkbox"/> Follow PDH "Bowel Care Protocol": ■DSS 250 mg PO daily ■Dulcolax Supp PR daily PRN constipation ■MOM 30 ml PO daily PRN constipation ■Fleets Enema daily PRN constipation
<b>ANXIETY</b>	<input type="checkbox"/> Alprazolam (Xanax) 0.25 mg PO every 6 hours PRN anxiety or <input type="checkbox"/> Lorazepam (Ativan) _____mg IV / PO (circle one) every _____ hrs PRN anxiety
<b>SLEEP</b>	<input type="checkbox"/> Temazepam (Restoril) PO HS PRN insomnia MR x1 in 1 hour <i>(Alert: if on PCA, refer to PCA orders)</i> <input type="checkbox"/> 7.5 mg PO (recommended for > 65 y.o.) <input type="checkbox"/> 15 mg PO (recommended for < 65 y.o.) <b>OR</b> <input type="checkbox"/> Zolpidem (Ambien) 5 mg PO HS PRN sleep MR X 1
<b>VACCINES</b>	Influenza vaccine: per Influenza Vaccination Screening & Administration Protocol Pneumonia vaccine: per Pneumococcal Vaccination Screening & Administration Protocol
<b>ADDITIONAL MEDICATIONS</b>	<input type="checkbox"/> Multivitamin with minerals 1 tab PO daily <input type="checkbox"/> Nicotine Patch: <input type="checkbox"/> 7 mg daily <input type="checkbox"/> 14 mg daily <input type="checkbox"/> 21 mg daily <input type="checkbox"/> Tylenol 650mg PO every 4 hours PRN temp > 101 or mild pain (total Acetaminophen dose, including Vicodin, Norco and Percocet, not to exceed 4 gms/24 hours) <input type="checkbox"/> Maalox 30 ml PO every 2 hours PRN indigestion
<b>ADDITIONAL ORDERS</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Physician Signature: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 Transcriber Signature: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_