

UROLOGY

POST-OP ORDERS

CHECK BOX TO ACTIVATE ORDER IF APPLICABLE

CROSS OUT NON-APPLICABLE ORDERS WITH SINGLE LINE

<p>ADMISSION INFORMATION</p> <p>Ht: _____</p> <p>Wt: _____</p>	<p>Admit to: <input type="checkbox"/> Dr. Peter Bretan office 415-892-0904/after hours beeper 415-382-0339/cell 415-271-1192 and/or</p> <p><input type="checkbox"/> HOSPITALIST SERVICE</p> <p><input type="checkbox"/> Med/Surg <input type="checkbox"/> ICU (see also ICU Standing Orders) <input type="checkbox"/> Tele (see also Telemetry Standing Orders)</p> <p>Surgery/Diagnosis: _____</p> <p>Secondary Diagnosis: _____</p> <p>Condition: <input type="checkbox"/> stable <input type="checkbox"/> fair <input type="checkbox"/> guarded <input type="checkbox"/> critical</p> <p>Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Other: _____</p> <p>Code Status (see Goldenrod)</p> <p>Advance Directives: <input type="checkbox"/> on chart <input type="checkbox"/> completed by PCP – please call _____ for copy <input type="checkbox"/> unknown</p>
<p>REFERRALS</p>	<p><input type="checkbox"/> Discharge Planning <input type="checkbox"/> Financial Services <input type="checkbox"/> Social Services <input type="checkbox"/> _____</p> <p><input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Dysphagia <input type="checkbox"/> Wound/Ostomy Care RN</p>
<p>NURSING</p>	<p>Post-op VS every 15 mins until stable, then every 30 mins x 4, then every hr x 4</p> <p>VS: <input type="checkbox"/> every 4 hrs <input type="checkbox"/> every 8 hrs <input type="checkbox"/> Per Unit Protocol call T>101.5, BP>180/100 or <90/60, P< 50 or >120</p> <p>Strict I&Os, call if urine output <50ml/hr or <200ml per shift</p> <p><input type="checkbox"/> Weigh daily Turn patient every 2 hours</p> <p>Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> OOB to chair _____ <input type="checkbox"/> Amb. as tol. <input type="checkbox"/> _____</p> <p>Dressing: _____</p>
<p><i>Catheter</i></p>	<p><input type="checkbox"/> Foley urethral <input type="checkbox"/> Gravity drainage <input type="checkbox"/> Plugged <input type="checkbox"/> Discontinue cath in: <input type="checkbox"/> PACU <input type="checkbox"/> AM (call if no void in 2 hrs)</p> <p><input type="checkbox"/> Suprapubic single-drain cath <input type="checkbox"/> Gravity drainage <input type="checkbox"/> Plugged <input type="checkbox"/> Use as irrigation port</p> <p><input type="checkbox"/> Irrigation suprapubic cath <input type="checkbox"/> Plugged</p> <p>Call if obstructed and unable to irrigate</p> <p><input type="checkbox"/> Meatal/cath care bid and apply Neosporin ointment</p> <p><input type="checkbox"/> Vaginal pack in <input type="checkbox"/> Discontinue next morning</p>
<p><i>Bladder Irrigation</i></p>	<p><input type="checkbox"/> Continuous to keep clear, flow range _____ to _____ ml/hr</p> <p><input type="checkbox"/> Intermittent with Piston Syringe to keep clot-free</p>
<p><i>Irrigation Fluid</i></p>	<p><input type="checkbox"/> Sterile water <input type="checkbox"/> Sterile NS <input type="checkbox"/> Add Aminocaproic Acid (Amicar) <input type="checkbox"/> 10 g/L <input type="checkbox"/> 5 g/L</p>
<p><i>Notify Physician</i></p>	<p>if: <input checked="" type="checkbox"/> HR < 50 or > 120 <input checked="" type="checkbox"/> SBP < 90 or > 180 <input checked="" type="checkbox"/> DBP < 60 or > 100</p> <p><input checked="" type="checkbox"/> RR < 10 or > 30 <input checked="" type="checkbox"/> Temp > 101.5 <input checked="" type="checkbox"/> SpO2 < 90%</p> <p><input checked="" type="checkbox"/> Urine Output <50ml/hr or <200ml per shift <input checked="" type="checkbox"/> Hematocrit < _____% <input checked="" type="checkbox"/> Unusual wound drainage</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p>LAB</p>	<p><input type="checkbox"/> CBC and BMP @ _____, _____, <input type="checkbox"/> then every AM, call if Hct < 30%</p> <p><input type="checkbox"/> _____ @ _____, _____, <input type="checkbox"/> then every AM, call if _____</p>
<p>X-RAY</p>	<p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p>
<p>DIETARY</p>	<p><input type="checkbox"/> NPO until further orders</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> Encourage PO fluids</p>
<p>RESPIRATORY CARE</p>	<p>Pneumonia prophylaxis: IS every 1-2 hrs while awake, cough and deep breathe every 2 hours while awake</p> <p>O2 to keep O2 Sat > 92% Wean and D/C oxygen when maintaining O2 sat >92% on room air</p> <p><input type="checkbox"/> O2 _____ L/min <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask</p> <p><input type="checkbox"/> O2 Sat monitor, call if <90% <input type="checkbox"/> _____</p>
<p>INFECTION PREVENTION</p>	<p><input type="checkbox"/> Isolation Precautions—for:</p> <p>MRSA LEGAL REQUIREMENTS:</p> <p><input checked="" type="checkbox"/> MRSA NARES SCREEN ON <u>ADMIT</u> if: Discharged from an acute care hospital within past 30 days; OR Transferred from a nursing facility; OR Admission to ICU (one screen per hospital stay).</p> <p><input type="checkbox"/> Positive MRSA History—Do not test. Start Glove Precautions.</p> <p><input type="checkbox"/> Completed at pre-op appointment.</p> <p><input checked="" type="checkbox"/> MRSA NARES SCREEN ON <u>DAY OF DISCHARGE</u> if Palm Drive LOS > 10 days AND patient was in ICU.</p>

