

UROLOGY

POST-OP ORDERS

CHECK BOX TO ACTIVATE ORDER IF APPLICABLE

CROSS OUT NON-APPLICABLE ORDERS WITH SINGLE LINE

| | |
|------------------------------|--|
| ADMISSION INFORMATION | Admit to: <input type="checkbox"/> Dr. Peter Bretan office 415-892-0904/after hours beeper 415-382-0339/cell 415-271-1192 and/or <input type="checkbox"/> HOSPITALIST SERVICE <input type="checkbox"/> Med/Surg <input type="checkbox"/> ICU (see also ICU Standing Orders) <input type="checkbox"/> Tele (see also Telemetry Standing Orders) Ht: _____ Surgery/Diagnosis: _____ Wt: _____ 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 |
| REFERRALS | <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 |
| NURSING | 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 call T>101.5, BP>180/100 or <90/60, P< 50 or >120 Strict I&Os, call if urine output <50ml/hr or <200ml per shift <input type="checkbox"/> Weigh daily 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"/> _____ Dressing: _____ |
| <i>Catheter</i> | <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) <input type="checkbox"/> Suprapubic single-drain cath <input type="checkbox"/> Gravity drainage <input type="checkbox"/> Plugged <input type="checkbox"/> Use as irrigation port <input type="checkbox"/> Irrigation suprapubic cath <input type="checkbox"/> Plugged Call if obstructed and unable to irrigate <input type="checkbox"/> Meatal/cath care bid and apply Neosporin ointment <input type="checkbox"/> Vaginal pack in <input type="checkbox"/> Discontinue next morning |
| <i>Bladder Irrigation</i> | <input type="checkbox"/> Continuous to keep clear, flow range _____ to _____ ml/hr <input type="checkbox"/> Intermittent with Piston Syringe to keep clot-free |
| <i>Irrigation Fluid</i> | <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 |
| <i>Notify Physician</i> | if: <input type="checkbox"/> HR < 50 or > 120 <input type="checkbox"/> SBP < 90 or > 180 <input type="checkbox"/> DBP < 60 or > 100 <input type="checkbox"/> RR < 10 or > 30 <input type="checkbox"/> Temp > 101.5 <input type="checkbox"/> SpO2 < 90% <input type="checkbox"/> Urine Output <50ml/hr or <200ml per shift <input type="checkbox"/> Hematocrit < _____ % <input type="checkbox"/> Unusual wound drainage <input type="checkbox"/> <input type="checkbox"/> |
| LAB | <input type="checkbox"/> CBC and BMP @ _____, _____, <input type="checkbox"/> then every AM, call if Hct < 30% <input type="checkbox"/> _____ @ _____, _____, <input type="checkbox"/> then every AM, call if _____ |
| X-RAY | <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| DIETARY | <input type="checkbox"/> NPO until further orders <input type="checkbox"/> Progress diet as tolerated: <input type="checkbox"/> Clear liquids when bowel sounds present <input type="checkbox"/> Full liquids when tolerating clear liquids <input 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 |
| RESPIRATORY CARE | Pneumonia prophylaxis: IS every 1-2 hrs while awake, cough and deep breathe every 2 hours while awake O2 to keep O2 Sat > 92% Wean and D/C oxygen when maintaining O2 sat >92% on room air <input type="checkbox"/> O2 _____ L/min <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask <input type="checkbox"/> O2 Sat monitor, call if <90% <input type="checkbox"/> _____ |
| INFECTION PREVENTION | <input type="checkbox"/> Isolation Precautions—for: MRSA LEGAL REQUIREMENTS: MRSA NARES SCREEN 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). <input type="checkbox"/> Positive MRSA History—Do not test. Start Glove Precautions. <input type="checkbox"/> Completed at pre-op appointment |
| VTE PROPHYLAXIS | <input type="checkbox"/> SCD <input type="checkbox"/> SCD with TED hose <input type="checkbox"/> TED hose <input type="checkbox"/> Lovenox 40mg Subcutaneous daily x 10 days, start post-op day #1 in p.m. |

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| | |
|---------------------------------|--|
| IV | <input type="checkbox"/> D5-1/2 NS <input type="checkbox"/> D5NS <input type="checkbox"/> LR <input type="checkbox"/> NS @ _____ ml/hr <input type="checkbox"/> Add _____ meq KCL/Liter <input type="checkbox"/> Saline lock when taking PO fluids well. D/C saline lock prior to discharge. <input type="checkbox"/> PICC consult/protocol |
| ANTIBIOTICS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| PEPTIC ULCER PROPHYLAXIS | <input type="checkbox"/> Pantoprazole (Protonix) 40mg PO / IV daily <input type="checkbox"/> Famotidine (Pepcid) 20 mg PO / IV BID |
| GLYCEMIC CONTROL | <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 (ICU only – see order sheet) |
| PAIN MEDICATIONS | <input type="checkbox"/> Ketoralac (Toradol) _____ mg IV every 6 hours x _____ doses OR <input type="checkbox"/> _____ mg IV every 6 hours PRN x _____ doses <input type="checkbox"/> Epidural/Intrathecal – See "Physician Order Form" (Pts may receive only those meds ordered on form. Pain, sedation, and nausea meds checked below may be initiated after Epi/Intrathecal orders D/C'd) <input type="checkbox"/> PCA— See "PCA Physician Order Form" (Pts may receive only those meds ordered on form. Pain, sedation, and nausea meds checked below may be initiated after PCA orders D/C'd) For IV pain control: (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) For PO pain control: (may give IV pain med only if ordered for breakthrough pain) <input type="checkbox"/> Percocet 5/325 1 tab PO every 3 hrs PRN 1 tab for mild-mod pain (< 5/10) <input type="checkbox"/> Percocet 5/325 2 tabs PO every 3 hrs PRN for mod-severe pain (≥ 5/10) <input type="checkbox"/> Hydrocodone/Acetaminophen (Norco) 10/325mg 1 tab PO every 4 hrs PRN mild to moderate pain (< 5/10) <input type="checkbox"/> Hydrocodone/Acetaminophen (Norco) 10/325mg 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 |
| NAUSEA VOMITING | <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) - or PR or IM <input type="checkbox"/> Metoclopramide (Reglan) 10mg slow IV push over 2 minutes every 6 hrs PRN N/V <input type="checkbox"/> |
| BOWEL CARE | <input type="checkbox"/> Follow PDH "Bowel Care Protocol": <input type="checkbox"/> DSS 250 mg PO daily <input type="checkbox"/> Dulcolax Supp PR daily PRN constipation <input type="checkbox"/> MOM w/ cascara 30 ml PO daily PRN constipation <input type="checkbox"/> Fleet Enema daily PRN constipation |
| ANXIETY | <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 |
| SLEEP | <input type="checkbox"/> Temazepam (Restoril) PO HS PRN insomnia MR x1 in 1 hour (Alert: if on PCA, refer to PCA orders) <input type="checkbox"/> 7.5 mg PO (recommended for > 65 y.o.) <input type="checkbox"/> 15 mg PO (recommended for < 65 y.o.) OR <input type="checkbox"/> Zolpidem (Ambien) 5 mg PO HS PRN sleep MR X 1 |
| VACCINES | Influenza vaccine: per Influenza Vaccination Screening & Administration Protocol Pneumonia vaccine: per Pneumococcal Vaccination Screening & Administration Protocol |
| ADDITIONAL MEDICATIONS | <input type="checkbox"/> Belladonna & Opium (B&O) suppository 1 PR every 6 hrs PRN bladder spasms <input type="checkbox"/> Atenolol 25mg PO <input type="checkbox"/> daily <input type="checkbox"/> twice daily <input type="checkbox"/> Oxybutinin Chloride (Ditropan) 5mg PO 4 times daily PRN bladder spasms <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 |
| ADDITIONAL ORDERS | <input type="checkbox"/> <input type="checkbox"/> |

Physician Signature: _____ DATE _____ TIME _____

Transcriber Signature: _____ DATE _____ TIME _____