

- Admit Status: Admit to Observation Admit to hospital - Inpatient
- Bed Type: Medical/Surgical Intensive Care Unit
- Add: Telemetry- (may remove for MRI and Chest CT scans)
 Isolation for: _____

Discontinue all pre-op and ED holding orders

Call hospitalist / primary care physician:

- Address home medications
- Code status
- Medical diagnosis that require treatment during the hospitalization
- Specialty Diets as applicable

Code Status: Full Code No Code

Diet

- NPO (patient is to be NPO until other diet orders start)
- Diet, clear liquid, start with supper today.
- Diet, full liquid, start with breakfast tomorrow.
- Advance diet as tolerated to regular _____(DATE).

Activity

- Up ad lib
- Ambulate _____ x per day, with assistance as necessary
- Bed rest with bathroom privileges
- Other activity level: _____

Vital Signs

- Vital signs per post procedure guidelines and then routine
- Measure intake and output every shift

IV Fluids

- Saline Lock - flush per protocol
- continue IV till PO intake adequate; then saline lock.
- Dextrose 5% with 0.45% NaCl @ _____ ml/hr
- Dextrose 5% with 0.9% NaCl @ _____ ml/hr
- Dextrose 5% in Lactated Ringers @ _____ ml/hr
- Sodium Chloride 0.45% @ _____ ml/hr
- Sodium Chloride 0.9% @ _____ ml/hr
- Lactated Ringers @ _____ ml/hr
- potassium chloride add 20 meq to each liter of IV fluid
- Other IV fluids: _____

Medications

Antibacterial Agent Indication	No Allergy to Penicillins (Shortness of breath or anaphylaxis) or cephalosporins	Allergic to Penicillins (Shortness of breath or anaphylaxis) or Cephalosporins
<input type="checkbox"/> Urologic	ceFAZolin 1 gm intravenously every 8 hours X 3 doses ; begin 6 hours after pre-op dose. Increase dose to 2 gm if patient greater than 79 kg.	clindamycin in D5W 600 mg/50 ml IV piggy back every 8 hours X 3 doses begin 6 hours after pre-op dose
Therapeutic		
<input type="checkbox"/> Contaminated Surgery <input type="checkbox"/> Ongoing Infection		_____ every _____ hours

Ⓡ For all postoperative patients without contraindications, antibacterial prophylaxis appropriate for the type of surgery should be discontinued in a timely manner; generally within 24 hours after the end of surgery.

Physician Initials: _____

**Please initial each place that a deletion, addition, or strike through has occurred.
Any change made after initial authentication requires a new order sheet.**



- See Medication Reconciliation Sheet for Home Medication Orders

Pain Control (If more than one medication ordered for the same indication, administer in the numbered order, if no order is indicated administer in descending order)

Oral Mild Pain

- ibuprofen 600 mg orally 4 times a day PRN for mild pain
- traMADol 50 mg orally every 4 hours, PRN for mild pain. Do not exceed 400mg daily.

Oral Moderate to Severe Pain

- oxyCODONE-acetaminophen 5 mg-325 mg tab (Percocet) 1-2 tablet orally every 4 hours PRN for moderate-to-severe pain
- oxyCODONE (Oxycontin) 5 mg orally every 4 hours PRN for moderate-to-severe pain
- HYDROcodone-acetaminophen 5 mg-325 mg tab (Vicodin) 1-2 tablet orally every 4 hours PRN for moderate-to-severe pain

Parenteral (use if patient unable to take PO or if persistent or worsening pain with oral analgesics)

- morphine 2 - 4 mg intravenously every 2 hours, PRN for mild to moderate pain (2mg) or severe pain (4mg)
- HYDROMorphine (Dilaudid) 0.2 - 0.4 mg intravenously every 2 hours PRN, mild to moderate pain (0.2 mg) or severe pain (0.4 mg)

PCA (If PCA ordered begin other pain medications after PCA discontinued)

- morphine PCA mg intravenously PRN for pain administer per hospital protocol
- HYDROMorphine (Dilaudid) PCA intravenously PRN for pain administer per hospital protocol

PRN Medications

- Maximum total dose of acetaminophen is 4 grams in 24 hours -- from all sources.
 - acetaminophen 650 mg orally or rectally every 4 hours PRN for temp greater than 101.5 F
 - aluminum-magnesium hydroxide (Maalox) 30 ml orally every 4 hours PRN for indigestion
 - ondansetron HCl (Zofran) 4 mg intravenously every 8 hours PRN for nausea/vomiting
 - zolpidem (Ambien) 5 mg orally once a day, at bedtime PRN for insomnia may repeat x 1 if not sleeping in 90 minutes.
 - sennosides-docusate sodium 8.6 mg-50 mg tab (Senekot S) 2 tablet orally 2 times a day for constipation prevention.
 - polyethylene glycol 3350(MiraLax) 1 packet(17 gm)orally once a day PRN for constipation
 - bisacodyl 10 mg rectally once a day PRN for constipation unrelieved by polyethylene glycol.
 - MILK OF MAGNESIA 30 ml once a day PRN for constipation unrelieved by bisacodyl.
 - FLEET PHOSPHO-SODA 1 enema rectally once a day PRN for constipation unrelieved by MOM/bisacodyl
 - Enema administration, soap suds 1000 ml rectally daily PRN for constipation unrelieved by bisacodyl / MOM.
- Other Medication: _____

Nursing

- Change initial dressing when directed by physician.
- Change initial dressing with: _____
- Drains: _____
- Other: _____
- Bladder Scan for bladder pressure or if no void in 6 hours. If more than 300cc of urine in bladder, straight catheterization, PRN.
- Discontinue urinary catheter at 24 hours post-op
- Discontinue urinary catheter at 48 hours post-op
- Urinary catheter expected to be in place greater than 48 hours. Reason: _____
- Turn/cough/deep breathe every 2 hours while awake.
- For suspected or documented hypoglycemia, initiate hypoglycemia treatment orders and call primary care physician.

Physician Initials: _____

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Respiratory Therapy

- Oxygen administration -- per adult oxygen protocol
- Incentive spirometry every 2 - 3 hours while awake until ambulating.

Laboratory

- Basic metabolic panel (BMP) daily X_____days
- Complete blood cell count with automated white blood cell differential (CBC) daily X_____days
- Hemoglobin and hematocrit daily X_____days
- Prothrombin time (PT) and international normalized ratio (INR) once a day - if warfarin ordered
- Other Laboratory: _____

Diagnostic Tests

- Other diagnostic tests: _____

DVT Prophylaxis

- Condition does not warrant DVT prophylaxis
- Do not initiate pharmacologic prophylaxis - currently anticoagulated with warfarin / heparin.
- Do not initiate pharmacologic prophylaxis - medication is contraindicated.
- Do not initiate pharmacologic prophylaxis - Other Reason: _____

Pharmacological Prophylaxis

- enoxaparin 40 mg subcutaneously once a day starting today. **If patient is scheduled for surgery within the next 24 hours call surgeon prior to administering.** If post-op surgical patient, start 6 hours post-operatively. Pharmacy to adjust dose to 30 mg once daily if CrCl is less than 30 ml per minute ; order serum creatinine if none available.

Mechanical Prophylaxis

- Intermittent pneumatic compression stockings (IPC)
- Elastic stockings (Graduated Compression Stockings)
- Aggressive Mobilization walk in the halls at least 2 times a day

Physician Reference: Risk Levels and Treatment Recommendation
Low: Minor surgery; Medical who are fully mobile - Aggressive mobilization BID
Moderate: Most general, open gynecologic or urologic surgery; Medical at bed rest or sick. - Enoxaparin
High: Hip or knee arthroplasty; Hip fracture surgery; Major trauma; Spinal cord injury - Enoxaparin OR Intermittent Pneumatic Compression and/or Graduated Compression Stockings
Moderate or High: With High Bleeding Risk - Intermittent Pneumatic Compression and/or Graduated Compression Stockings

Consults

- Consult to discharge planning
- Consult to home health regarding: _____
- Consult to social services regarding: _____
- Consult to dietitian, adult regarding: _____
- Consult to physical therapy and treat
- Consult to occupational therapy and treat
- Consult to speech therapy and treat regarding: _____
- Consult to wound care center regarding: _____

Physician Signature _____

Date _____ Time _____

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