

Surgical Postoperative - Adult

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- 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

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).
- Other diet: _____

Activity

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

Vital Signs

- Vital signs per post procedure guidelines and then routine
- Measure intake and output every 4 hours.
- Call surgeon if urine output is less than 120ml in 4 hours.
- Call surgeon if SBP less than 90, temperature greater than 101, HR greater than 120, respirations less than 8 or greater than 30.

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: _____

Physician Initials: _____

**Please initial each place that a deletion, addition, or strike through has occurred.
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Medications

- esomeprazole 40 mg intravenous push once a day (pharmacy to convert to oral omeprazole when patient meets criteria)
- omeprazole 40 mg orally once a day
- famotidine 20mg intravenous push every 12 hours
- famotidine 20mg orally 2 times a day
- ondansetron 4 mg intravenous push every 8 hours
- Other Medication: _____

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"/> Prophylactic: Thoracic/Vascular/ Head & Neck	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
Prophylactic: <input type="checkbox"/> Colorectal	cefOXItin 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.	metroNIDAZOLE 500 milligram intravenously once AND ciprofloxacin 400 microgram intravenously once
<input type="checkbox"/> Other Propylactic:	cefOXItin 1 gm intravenously every 8 hours x____doses; begin 6 hours after pre-op dose. Increase dose to 2 gm if patient greater than 79 kg.	metroNIDAZOLE 500 milligram intravenously once AND ciprofloxacin 400 microgram intravenously once
Therapeutic <input type="checkbox"/> Contaminated Surgery <input type="checkbox"/> Ongoing Infection	_____every _____ hours *Rationale for extending past 24 hours post op:	

 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.

Breakthrough Pain Control

- Epidural catheter orders and inadequate analgesia per anesthesia while epidural catheter is in place
- morphine PCA mg per hospital protocol
- HYDROMorphone (Dilaudid) PCA per hospital protocol
- morphine 2 - 4 mg intravenously every 2 hours PRN, for mild to moderate pain (2mg) or severe pain (4mg)
- HYDROMorphone (Dilaudid) 0.5.- 1mg intravenously every 2 hours PRN, mild to moderate pain (0.5 mg) or severe pain (1mg)
- oxyCODONE-acetaminophen 5 mg-325 mg tab (Percocet) 1 -2 tablet PO every 4 hours PRN for mild pain (1 tab) or moderate-to-severe pain (2 tab).
- HYDROcodone-acetaminophen 5 mg-325 mg tab (Vicodin) 1-2 tablet PO every 4 hours PRN for mild pain (1 tab) or moderate-to-severe pain (2 tab).

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PRN Medications

- Maximum total dose of acetaminophen is 4 gms in 24 hours -- from all sources.
 - acetaminophen 650 mg PO or rectally every 4 hours PRN for temp greater than 101.5 F
 - aluminum-magnesium hydroxide with Simethicone (Maalox+) 30 ml PO every 4 hours PRN for indigestion
 - ondansetron HCl (Zofran) 4 mg intravenously every 8 hours PRN for nausea/vomiting
 - metoclopramide (Reglan) 10 mg intravenously every 6 hours as needed for abdominal distention
 - zolpidem (Ambien) 5 mg PO 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 (Senokot S) 2 tablet PO 2 times a day for constipation prevention.
 - polyethylene glycol 3350(MiraLax)- 1 packet(17 g) orally once a day PRN for constipation
 - bisacodyl 10 mg rectally once a day PRN for constipation unrelieved by MiraLax.
 - MILK OF MAGNESIA 30 ml once a day PRN for constipation unrelieved by bisacodyl.
 - 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 8 hours. If more than 300cc of urine in bladder, straight catheterization, PRN.
- Bladder Scan for bladder pressure or if no void in 8 hours. If more than 300cc of urine in bladder, reinsert urinary catheter.
- Discontinue urinary catheter at 24 hours post-op
- Discontinue urinary catheter at 48 hours post-op
- Turn/cough/deep breathe every 2 hours while awake.
- For suspected or documented hypoglycemia, initiate hypoglycemia treatment orders and call hospitalist / primary care physician.
- For sudden onset of chest pain (adult patients) initiate sudden onset of chest pain protocol and call hospitalist / primary care physician.
- Peripheral venous cannula insertion/management - Lidocaine 1% with Sodium Bicarbonate (0.05 - 0.2 ml) as required superficial to deep vein when initiating IV access, PRN patient comfort.
- If the patient is a smoker offer smoking cessation counseling.

Respiratory Therapy

- Oxygen administration -- per adult oxygen protocol
- Incentive spirometry every hour while awake until ambulating.
- albuterol sulfate 2.5 mg/3 ml by nebulizer every 6 hours PRN dyspnea

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Laboratory

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

Diagnostic Tests

- Chest X-Ray in recovery room to check central line placement, if appropriate
- 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.
- If the patient has an epidural catheter, see Epidural orders for enoxaparin dosing on the day of epidural catheter removal.

Mechanical Prophylaxis

- Intermittent pneumatic compression stockings (IPC)
- 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 OR

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

- 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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