



**Physician Orders ADULT**  
**Order Set: Laparoscopic Cholecystectomy Postop**  
**Orders**

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs Per Unit Protocol	T;N, Routine
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q-shift
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed	T;N, Up As Tolerated
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Advance Diet As Tolerated	T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Catheterize In/Out (In and Out Cath)	T;N, Routine, PRN, If necessary to cath x 2, insert foley
<input type="checkbox"/>	Indwelling Urinary Catheter Insert (Foley Insert)	T;N
<input type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)	T;N, per policy
<input type="checkbox"/>	Intake and Output	T;N, Routine, q8h(std), Record Intake & Output
<input type="checkbox"/>	Turn Cough Deep Breathe (Cough and Deep Breathe)	T;N, q2h-Awake
<input type="checkbox"/>	Dressing Care	T;N, Action: Change, q3Day, and PRN
<input type="checkbox"/>	Shower	T;N, May shower at anytime
<input type="checkbox"/>	Discharge Instructions	T;N, Follow up in office in 2 weeks
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, When SDS discharge criteria met
<b>Respiratory Care</b>		
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Lactated Ringers	1,000 mL, IV, Routine, T;N, 100 mL/hr
<b>Medications</b>		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, routine, T;N, q4h, PRN Headache or temp greater than 38 degrees C
<input type="checkbox"/>	acetaminophen-HYDROcodone 325 mg/5 mg oral tablet	1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
<input type="checkbox"/>	OXYcodone	5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N
<input type="checkbox"/>	HYDROMorphone	1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine





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<b>Medications continued</b>		
<input type="checkbox"/>	morPHINE	1 mg, Inj, IV Push, q2h, PRN Severe Pain, Routine
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IV Push, q4h, PRN Nausea
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q4h, PRN Nausea, Routine, T;N
<b>Laboratory</b>		
<input type="checkbox"/>	CBC	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T+1;0400, Routine, once, Type: Blood
<b>Diagnostic Tests</b>		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Post Lap Chole, Routine, Portable
<input type="checkbox"/>	Abd Sing AP VW	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Post Lap Chole, Routine, Portable
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, BP Systolic > 160, BP Systolic < 95, BP Diastolic < 55, Celsius Temp > 38.5, Heart Rate > 110, Heart Rate < 60, Resp Rate > 24, Resp Rate < 10, Urine Output < 250 mL/8 hrs

Date

Time

Physician's Signature

MD Number



## Physician Orders - ADULT VTE Other SURGICAL Prophylaxis Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:**  No known allergies

Medication allergy(s): \_\_\_\_\_

Latex allergy  Other: \_\_\_\_\_

**NOTE: Bleeding Risk Factor Assessment criteria is listed below VTE orders.**

**Other Surgical Procedures**

**NOTE: Bleeding Risks Present, and No contraindication to SCDs:**

Sequential Compression Device T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present  
Apply

**If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:**

heparin 5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.

heparin 5,000 units, Injection, Subcutaneous, q8h, Routine, T;N, Do not adjust time of first dose as scheduled by pharmacy.

**OR**

enoxaparin 40 mg, Injection, Subcutaneous, Qday, Routine, T;N + 720, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Do not adjust time of first dose as scheduled by pharmacy.

**AND BOTH CBCs:**

CBC w/o Diff Routine, T;N, once, Type: Blood,

CBC w/o Diff Routine, T+2; 0400, QODay, Type: Blood

**Do Not Administer VTE Prophylaxis**

Contraindication-VTE Prophylaxis T;N, Reason: Patient has bleeding risk for anticoagulants, and SCDs are contraindicated. **Consider early ambulation.**

**NOTE: BLEEDING RISK FACTOR ASSESSMENT- This is a partial list of bleeding risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:**

Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy

Active bleeding

INR greater than 1.5 and patient **NOT** on warfarin therapy

INR greater than 2 and patient **ON** warfarin therapy

Solid Organ and Bone Marrow Transplant patients with platelet count less than 100,000

Platelet count less than 50,000 (applies to patients with no history of transplant procedures)

Solid organ transplant during this episode of care **OR** within 30 days of admission

Documented bleeding or Coagulopathy disorder

Hemorrhagic Stroke within 6 weeks of admission

Severe Uncontrolled Hypertension

Recent Intraocular or Intracranial surgery

Vascular Access or Biopsy sites inaccessible to hemostatic control

Recent Spinal Surgery

Epidural or Spinal Catheter

Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)

Heparin Induced Thrombocytopenia (HIT)

heparin allergy or pork allergy

No Bleeding Risk Factors exists

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_ **MD Number** \_\_\_\_\_

