



Physician Orders ADULT: Minimally Invasive GYN Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
*Phase: Minimally Invasive GYN Post Op Phase, When to Initiate: When patient arrives in PACU,
 Discontinue Minimally Invasive GYN Pre Op Plan if not already completed*

Minimally Invasive GYN Post Op Phase

Admission/Transfer/Discharge

- ☐ Patient Status Change
☐ Return Patient to Room
T;N, Return patient to room after PACU
☐ Transfer Pt within current facility

Vital Signs

- ☐ Vital Signs
Routine, per PACU protocol (DEF)
 Monitor and Record T,P,R,BP, q30min x 2 occurrences, q1h x 3 occurrences, then q4h*
☐ Orthostatic Blood Pressure
Stat, BP and Pulse. perform sitting and standing BP and pulse check

Activity

- ☐ Bedrest
Routine
☐ Ambulate
qid, T+1;0800

Food/Nutrition

- ☐ NPO
☐ Clear Liquid Diet
Start at: T;N, Adult (>18 years)
☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
Caloric Level: 1800 Calorie

Patient Care

- ☐ Advance Diet As Tolerated
☒ Bedside Glucose Nsg
POD #1 and maintain less than or equal to 140mg/dL on high risk patients with BMI greater than or equal to 30 and age greater than or equal to 45., T+1;N
☐ Bedside Glucose Nsg
☐ *Routine, achs, when tolerating diet (DEF)**
☐ *Routine, q6h(std)*
☒ Incentive Spirometry NSG
☐ *Routine, q2h-Awake (DEF)**
☐ *Routine, q1h-Awake*
☐ Intake and Output
Routine, q4h(std), and record
☐ O2 Sat Monitoring NSG
Routine, q6h(std)
 If unable to void, choose one of the following orders:(NOTE)*
☐ Catheterize In/Out
q6h(std), PRN, if unable to void 8 hours after Foley has been discontinued
☐ Indwelling Urinary Catheter Insert-Follow Removal Protocol
to bedside gravity
☐ Continue Foley Per Protocol
Reason: s/p GYN or Genitourinary Tract Surgery





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- ☐ Nasogastric Tube
Suction Strength: Low Intermittent

Nursing Communication

- ☒ Nursing Communication
Place order for time study CBC w/o diff, once to be drawn 3 hours after surgery.
- ☒ Nursing Communication
If urine output is less than 120mL/hr may bolus with 500mL NS IV, If no improvement call MD.
- ☒ Nursing Communication
May reinsert Foley Catheter if unable to void after three attempts to Catheterize In/Out, with Reason "acute urinary retention"

Respiratory Care

- ☐ Nasal Cannula
Routine, 2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92%.

Continuous Infusion

- ☐ D5LR KCl 20 mEq
20 mEq / 1,000 mL, IV, 75 mL/hr
- ☐ Lactated Ringers Injection
1,000 mL, IV, 125 mL/hr
- ☐ Sodium Chloride 0.45%
1,000 mL, IV, 125 mL/hr
- ☐ Sodium Chloride 0.9%
1,000 mL, IV, 125 mL/hr

Medications

- ☐ VTE SURGICAL Prophylaxis Plan(SUB)*
- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*
- ☐ Insulin STANDARD Sliding Scale Plan(SUB)*
- ☐ Insulin RESISTANT Sliding Scale Plan(SUB)*
- ☐ **+1 Hours** Sodium Chloride 0.9% Bolus
500 mL, Injection, IV Piggyback, once, PRN Other, specify in Comment, STAT, 1,000 mL/hr
Comments: for urine output less than 120 mL/hr

Pain Management

Note: If age greater than or equal to 65 or weight less than 50 kg, place ketorolac 15mg order below, otherwise use 30mg dose(NOTE)*

- ☐ **+1 Hours** ketorolac
- ☐ *15 mg, Injection, IV Push, q6h, Routine, (for 48 hr) (DEF)**
- ☐ *30 mg, Injection, IV Push, q6h, Routine, (for 48 hr)*
- ☐ **+1 Hours** dexamethasone
10 mg, Injection, IV Push, once, Routine
- ☐ **+1 Hours** dexamethasone
4 mg, Injection, IV Push, q12h, Routine, (for 2 dose)
- NOTE: For Moderate (4-7) pain choose one medication below(NOTE)*
- ☐ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
- ☐ **+1 Hours** HYDROMorphone
0.5 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine
Comments: If unable to take PO.
- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q4h, PRN Pain, Moderate (4-7), Routine
Comments: If unable to take PO.
- NOTE: For Severe (8-10) pain choose one medication below(NOTE)*
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), May give 1 tab for mild to moderate pain





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- ☐ **+1 Hours** HYDROMorphone
1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
Comments: If unable to take PO.
- ☐ **+1 Hours** morphine
4 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine
Comments: If unable to take PO.

Antibiotics

Post Op antibiotic doses not necessary unless duration of procedure is greater than 4 hours or major blood loss of greater than 1500 mL.(NOTE)*

PRN Medications

- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q4h, PRN Headache, Routine
- ☐ **+1 Hours** phenol 1.4% topical spray
5 spray, Spray, PO, q2h, PRN Throat pain, Routine
- ☐ **+1 Hours** diphenhydramine
25 mg, Cap, PO, q6h, PRN Itching, Routine
- ☐ **+1 Hours** naloxone
0.4 mg, Injection, Subcutaneous, q5min, PRN Oversedation, Routine, (for 2 dose)
- ☐ **+1 Hours** zolpidem
5 mg, Tab, PO, hs, PRN Insomnia, Routine

Bowel/GI medications

- ☐ **+1 Hours** famotidine
☐ 20 mg, Tab, PO, q12h, Routine (DEF)*
Comments: Reduce frequency to q24h for CrCl less than 50 mL/min.
☐ 20 mg, Injection, IV Push, q12h, Routine
Comments: Reduce frequency to q24h for CrCl less than 50 mL/min.
- ☐ **+1 Hours** metoclopramide
☐ 10 mg, Tab, PO, qhs, Routine (DEF)*
☐ 10 mg, Injection, IV Push, q6h, Routine
- ☐ **+1 Hours** docusate-senna 50 mg-8.6 mg oral tablet
2 tab, Tab, PO, hs, Routine

Antiemesis

- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
- ☐ **+1 Hours** promethazine
☐ 12.5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine (DEF)*
☐ 12.5 mg, Supp, PR, q4h, PRN Nausea/Vomiting, Routine

Laboratory

- ☒ Hemoglobin
Routine, T+1;0400, once, Type: Blood
- ☐ Hematocrit
Routine, T+1;0400, once, Type: Blood
- ☐ CBC w/o Diff
Routine, T+1;0400, once, Type: Blood
- ☐ CBC
Routine, T+1;0400, once, Type: Blood
- ☐ BMP
Routine, T+1;0400, once, Type: Blood
- ☐ CMP
Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals





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- ☒ Notify Physician For Vital Signs Of
BP Systolic > 180, BP Diastolic > 105, BP Systolic < 90, Celsius Temp > 38, Heart Rate > 120, Heart Rate < 60
- ☒ Notify Physician-Continuing
Notify: Surgeon, Notify For: If orthostatic vital signs from Sitting to Standing changes by 15 (if Pulse goes up or down by 15bpm or if BP goes up or down by 15mmHg)
- ☒ Notify Physician-Once
Notify For: if urine output remains less than 120 ml/hr after normal saline 500 mL bolus x 1
- ☒ Notify Physician-Once
Notify For: if patient is taking a Beta Blocker at home, call MD for an order to resume
- ☐ Physical Therapy Initial Eval and Tx
Special Instructions: for ambulation

Date

Time

Physician's Signature

MD Number

***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

