

Physician Orders ADULT: Cesium Post Insertion Plan					
Initiate Orders Phase Care Sets/Protocols/PowerPlans Initiate Powerplan Phase					
Phase: Cesium Post Insertion Phase, When to Initiate: Cesium Post Insertion Phase Vital Signs					
	Vital Signs				
Activit	у				
	Bedrest				
	Strict				
	Out Of Bed with assistance for first time after cesium is removed				
Food/Nutrition					
	Consistent Carbohydrate Diet Caloric Level: 1800 Calorie, Insulin: [] No Insulin [] Short Acting [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long;				
	Renal Patient:[] No [] Yes, on dialysis [] Yes, not on dialysis Low Residue Diet				
	Nursing Communication				
	Juice at Bedside				
Patient	t Care				
	Nursing Communication Post Cesium insertion: Do not raise head of bed greater than 30 degrees				
	Turn				
	PRN, by positioning pillows underneath buttocks on left side then the right while being careful not to dislodge the implant				
	Radiation Precautions Cesium Precautions, may discontinue precautions once Cesium has been removed.				
	Nursing Communication No linens removed from room until Cesium is removed				
	Nursing Communication				
	Change pad underneath patient daily and PRN after Cesium implant (DEF)*				
	Change pad underneath patient daily and PRN after Cesium implant				
	Nursing Communication Check applicator placement post Cesium implant and document, g2h				
	Nursing Communication				
_	If cesium is not removed by time specified, please call Radiation Oncology. If after hours, call physician oncall.				
	Observe For Observe for excessive bleeding after Cesium is removed.				
	Nursing Communication Sitz bath/ shower as desired after Cesium is removed.				
	Douche				
	Tap water douche X 1 after cesium removed				
	Foley Care Remove foley cath after Cesium is removed.				
Continuous Infusion					
	+1 Hours Lactated Ringers Injection 1,000 mL, IV, 100 mL/hr				
	+1 Hours Sodium Chloride 0.45%				





## Physician Orders ADULT: Cesium Post Insertion Plan

Medications     ✓   VTE MEDICAL Prophylaxis Plan(SUB)*     PCA - MorPHINE Protocol Plan (Adult)(SUB)*     PCA - HYDROmorphone Protocol Plan (Adult)(SUB)*     +1 Hours loperamide     2 mg, Cap, PO, q6h, PRN Loose Stool, Routine     +1 Hours Fleet Enema     133 mL, Enema, PR, once, PRN Constipation, 133 mL = Greater than 11 years     Laboratory     CBC     Time Study, 7;1600, once, Type: Blood     Comments: Day of insertion     BMP     Time Study, 7;1600, once, Type: Blood     Comments: Day of insertion     BMP     Time Study, 7;1600, once, Type: Blood     Comments: Post op day 1     BMP     Time Study, T+1;1600, once, Type: Blood     Comments: Post op day 1     BMP     Time Study, T+1;1600, once, Type: Blood     Comments: Post op day 1     BMP     Time Study, T+1;1600, once, Type: Blood     Comments: Post op day 1     Date   Time     Physician'S Signature   MD Number     *Report Legend:		- 41	1,000 mL, IV, 100 mL/hr				
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□   PCA - HYDROmorphone Protocol Plan (Adult)(SUB)*     □   +1 Hours loperamide     □   2 mg, Cap, PO, q6h, PRN Loose Stool, Routine     □   +1 Hours Fleet Enema     133 mL, Enema, PR, once, PRN Constipation, 133 mL = Greater than 11 years     Laboratory     □   CBC     Time Study, T;1600, once, Type: Blood     Comments: Day of insertion     □   BMP     Time Study, T;1600, once, Type: Blood     Comments: Day of insertion     □   CBC     Time Study, T;1600, once, Type: Blood     Comments: Day of insertion     □   CBC     Time Study, T+1;1600, once, Type: Blood     Comments: Post op day 1     BMP     Time Study, T+1;1600, once, Type: Blood     Comments: Post op day 1     Consults/Notifications/Referrals     □   Notify Physician-Once     Notify Physician-Once   Notify For: of room number upon arrival to unit     □   Date   Time     □   Date   Time		VTE M	EDICAL Prophylaxis Plan(SUB)*				
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*Report Legend:		Dute					
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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

