



Physician Orders ADULT: ONC Heated Intraperitoneal Chemotherapy (HIPEC) Postop Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
Phase: HIPEC Postop Phase, When to Initiate: When pt returns to room post procedure

HIPEC Postop Phase

Admission/Transfer/Discharge

- ☐ Return Patient to Room
☐ Transfer Pt within current facility
☐ Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more
- ☐ Patient Status Initial Outpatient
T;N Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure
[] OP OBSERVATION Services
- ☐ Notify Physician-Once
Notify: Physician, Notify For: Notify of room number upon arrival to unit

Vital Signs

- ☐ Vital Signs
Monitor and Record Pulse | Resp Rate | Blood Pressure, q 30min x2, then q 1hr x 2, then q 4hr x6 (POD #0)
- ☐ Oxygen Sat Monitoring NSG
q 30 min x 2, then q 1hr x 2, then q 4hr x 6 (POD #0)
- ☐ Vital Signs
Monitor and Record Temp, on admission to unit and q 4hr
- ☐ Vital Signs
Monitor and Record T,P,R,BP, q4h(std), and PRN (Day 2-Discharge), T+1;N

Activity

- ☐ Dangle At Bedside
Twice per shift
- ☐ Up To Chair
tid
- ☐ Ambulate
tid, in the hallway

Food/Nutrition

- ☐ Nursing Communication





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Pt to chew gum Postop Day #0 for 30 mins TID

- ☐ NPO
 - ☐ *Instructions: No exceptions (DEF)**
 - ☐ *Instructions: NPO except for ice chips*

- ☐ Clear Liquid Diet
- ☐ Advance Diet As Tolerated

Patient Care

- ☐ SCD Apply
 - Apply to lower extremities*
- ☐ Elevate Head Of Bed
 - 30 degrees*
- ☐ Daily Weights
 - QDay, Continue daily until discharged*
- ☐ Mouth Care
- ☐ Remove Foley
 - Morning after surgery if urinary output greater than 300 mL/8hr shift*
- ☐ Nursing Communication
 - Hook up SV monitoring device on arrival to floor*
- ☐ Incentive Spirometry NSG
 - q1h-Awake, 10 times per 1hr*
- ☐ Intake and Output
 - Routine, q4h(std), Record Intake & Output*
- ☐ Cough and Deep Breathe
- ☐ Abdominal Binder Apply
- ☐ In and Out Cath
 - PRN, If unable to void x 1*
- ☐ Irrigate
 - Nasogastric Tube, Routine, q4h(std)*
- ☐ NGT
 - Suction Strength: Low Intermittent*
- ☐ NGT
 - Do not reposition NG tube*
- ☐ NGT
 - Reposition NG if not draining*
- ☐ Drain Care
 - q8h(std), Empty and record JP output*
- ☐ Dressing Care
 - Action: Change, PRN, Change drain dressing*

Respiratory Care





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

Continuous Infusion

- ☐ D5W with NaCl 0.45%
1,000 mL, IV, Routine, 75 mL/hr
- ☐ Lactated Ringers Injection
1,000 mL, IV, Routine, 75 mL/hr

Medications

- ☐ **+1 Hours** famotidine
20 mg, Injection, IV Push, q12h, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min
- ☐ **+1 Hours** pantoprazole
40 mg, Injection, IV Push, QDay, Routine

Laboratory

- ☐ CBC w/o Diff
Routine, T+1;0400, once, Type: Blood
- ☐ Blood CX
Time Study, T+1;N, q5min x 2 occurrence
- ☐ Hct
Routine, T+1;0400, once, Type: Blood
- ☐ CMP
Routine, T+1;0400, Type: Blood
- ☐ BMP
Routine, T+1;0400, once, Type: Blood
- ☐ PT/INR
Routine, T+1;0400, once, Type: Blood
- ☐ PTT
Routine, T+1;0400, once, Type: Blood
- ☐ Type and Crossmatch PRBC
Routine, T+1;0400, Type: Blood
- ☐ Hold PRBC
Routine, T+1;0400, Reason: On Hold for OR
- ☐ Urinalysis w/Reflex Microscopic Exam
Routine, T+1;0400, Type: Urine, Nurse Collect

Diagnostic Tests

- ☐ Chest 1VW Frontal
T;N, Routine, Portable
- ☐ GI Upper W Sm Bowel W Mult Serial Films W/Delay Diet Plan(SUB)*
- ☐ CT Abdomen & Pelvis W/Cont Plan(SUB)*

Consults/Notifications/Referrals





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- ☐ Notify Physician-Continuing
Notify For: if patient unable to void
- ☐ Notify Physician For Vital Signs Of
Notify: Physician, BP Systolic > 170, BP Diastolic > 110, BP Systolic < 95, BP Diastolic < 55, Heart Rate > 110, Heart Rate < 60, Resp Rate > 24, Resp Rate < 10, Urine Output < 250 mL/8hrs
- ☐ Consult Wound Care Nurse
Routine, Reason for Consult: Ostomy Evaluation
- ☐ PT Initial Evaluation and Treatment
Special Instructions: Ambulation and Strengthening
- ☐ Consult Case Management
Reason: Home Care
- ☐ Consult Nutritional Support Team
Start at: T;N
- ☐ Consult Social Work
Reason: Durable Medical Equipment (DME), or Nursing Home Placement

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

