

Physician Orders

Care Set: Percutaneous Tracheostomy Postop Orders

[X or R] = will be ordered unless marked out.

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

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Admission/Transfer/Discharge

☐ Return Patient to Room T;N
☐ Transfer Patient T;N
☐ Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Show order as pre-checked [x], required [R] or unchecked [].

Vital Signs

☒ Vital Signs T;N, Monitor and Record Pulse Monitor and Record Resp Rate Monitor and Record Blood Pressure, q30min, For 2 occurrence, then q1h X 2 occurrence, then q4h X 24 hours
☒ Vital Signs T;N, Monitor and Record Temp, q4h(std), For 24 hr, upon arrival
☒ Vital Signs T+1;N, Monitor and Record T,P,R,BP, q8h(std)

Activity

☐ Elevate Head Of Bed T;N, 30 degrees If hemodynamically stable
☐ Bedrest T;N
☐ Bedrest w/BRP T;N

Food/Nutrition

☐ NPO Start at: T;N

Patient Care

☐ Nasogastric Tube T;N, Suction Strength: Low Intermittent
☐ Nasogastric Tube T;N, Clamp, Suction Strength: Low Intermittent
☐ Nasogastric Tube T;N, q2h(std), Flush, Suction Strength: Low Intermittent
☐ Nasogastric Tube T;N, PRN, Flush
☐ Trach Care T;N, Do not place pillow under patients head
☒ Trach Care T;N, Place obturator at head of bed
☒ Trach Care T;N, keep same size Trach and smaller size trach at bedside
☒ Trach Care T;N, q8h
☒ Suction Patient T;N, q2h(std), Trach
☐ Suction Patient T;N, PRN, Trach
☐ Wound Drain Care (Drain Care) T;N, q8h(std), Record drainage
☐ Wound Drain Care (Drain Care) T;N, PRN, Record drainage

Respiratory Care

☐ Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT)) T;N
☐ Trach W/Oxygen (Trach Collar) T;N, 40 %, Special Instructions: titrate to keep SpO2 \geq 92%

Medications Continuous IV Fluids

☐ Sodium Chloride 0.9% 1,000 mL, IV, Routine, 75 mL/hr
☐ potassium chloride (sodium chloride 0.9% KCl 20 mEq) 1,000 mL, IV, Routine, 75 mL/hr
☐ Dextrose 5% with 0.45% NaCl 1,000 mL, IV, Routine, 75 mL/hr
☐ potassium chloride (Dextrose 5% NaCl 0.45% KCl 20 mEq) 1,000 mL, IV, Routine, 75 mL/hr
☐ Dextrose 5% in Water 1,000 mL, IV, Routine, T;N, 75 mL/hr
☐ D5W KCl 20 mEq 1,000 mL, IV, Routine, 75 mL/hr



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| Medications-Analgesics | | |
|--------------------------|---|---|
| <input type="checkbox"/> | MorPHINE PCA Protocol Orders | |
| <input type="checkbox"/> | Hydromorphone PCA Protocol Orders | |
| <input type="checkbox"/> | Adult Patient Controlled Analgesia Order (Adult Patient Controlled Analgesia Orders) | |
| <input type="checkbox"/> | morPHINE | 2 mg, Injection, IV Push, q2h, PRN Pain, Breakthrough, Routine |
| Medications-Antibiotics | | |
| <input type="checkbox"/> | cefazolin | 1 g, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose) |
| <input type="checkbox"/> | vancomycin | 1 g, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose) |
| <input type="checkbox"/> | metronidazole | 500 mg, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose) |
| Laboratory | | |
| <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 |
| <input type="checkbox"/> | Respiratory Culture and Gram Stain | T+1;0400,Routine,Specimen Source: Sputum,Nurse Collect,Method: Aspirate |
| Diagnostic Tests | | |
| <input type="checkbox"/> | Chest 1VW Frontal | T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Post Trach,Routine,Portable |
| | Electrocardiogram (EKG) | Start at: T;N, Priority: Routine, Reason: Other, specify, post trach |
| <input type="checkbox"/> | Pharyngeal & Speech Eval by Speech Thera (Pharyngeal & Speech Eval by Speech Therapy) | T;N |
| <input type="checkbox"/> | Pharyngeal & Speech Eval by Speech Thera (Pharyngeal & Speech Eval by Speech Therapy) | T;N |
| Consults/Notifications | | |
| <input type="checkbox"/> | Physician Consult (Consult MD) | T;N |
| <input type="checkbox"/> | Speech Therapy Initial Eval and Tx (ST Initial Evaluation and Treatment) | T;N |
| <input type="checkbox"/> | Case Management Consult (Consult Case Management) | T;N, Reason: Discharge Planning |
| <input type="checkbox"/> | Clin Spec Adult Pulmonary Consult (Adult Pulmonary Clin Spec Consult) | T;N |
| <input type="checkbox"/> | Notify Physician-Once | T;N, procedure is complete to get further orders |
| <input type="checkbox"/> | Notify Service Resident | T;N, Notify: ICU Service, when procedure is complete to get further orders |
| <input type="checkbox"/> | Notify Physician For Vital Signs Of | T;N, BP Systolic > 170 mmHg, BP Diastolic > 110 mmHg, BP Systolic < 95 mmHg, BP Diastolic < 55 mmHg, Heart Rate > 110 bpm, Heart Rate < 60 bpm, Resp Rate > 24 br/min, Resp Rate < 10 br/min, Urine Output < 250 mL/ 8 hr |

Date

Time

Physician's Signature

MD Number