



**Physician Orders ADULT: General Surgery Routine Admit Plan**

**Initiate Orders Phase**

**Non Categorized**

- ☐ Add to Problem List  
T;N

**Care Sets/Protocols/PowerPlans**

- ☐ Initiate Powerplan Phase  
T;N, Phase: General Surgery Routine Admit Phase

**General Surgery Routine Admit Phase  
Admission/Transfer/Discharge**

- ☐ Patient Status Initial Outpatient
- ☐ T;N, Attending Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_  
Outpatient Status/Service OP-Ambulatory Surgery
- ☐ T;N, , Attending Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_  
Outpatient Status/Service OP-OBSERVATION Services(DEF)\*
- ☐ Patient Status Initial Inpatient
- T;N Admitting Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_  
Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more

**Vital Signs**

- ☐ Vital Signs Per Unit Protocol  
T;N, Monitor and Record T,P,R,BP

**Activity**

- ☒ Bedrest w/BRP  
T;N
- ☐ Out Of Bed  
T;N, Up Ad Lib

**Food/Nutrition**

- ☒ Regular Adult Diet  
Start at: T;N





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- ☐ NPO  
*Start at: T;2359, Instructions: NPO except for medications*
- ☐ Consistent Carbohydrate Diet  
*Start at: T;N, 1800 Calorie*
- ☐ Clear Liquid Diet  
*Start at: T;N*
- ☐ Full Liquid Diet  
*Start at: T;N*

**Patient Care**

- ☐ In and Out Cath  
*T;N, if unable to void*
- ☐ Bedside Glucose Nsg  
*T;N, Routine, once*
- ☐ Intake and Output  
*T;N, Routine, q8h(std), Record Intake & Output*

**Respiratory Care**

- ☐ O2 Sat-Spot Check (RT)  
*T;N Routine once*

**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** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
*1 tab, PO, q6h, PRN Pain, Mild (1-3), Routine*
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet  
*1 tab, PO, q6h, PRN Pain, Moderate (4-7), Routine*
- ☐ **+1 Hours** HYDROmorphine  
*1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine*
- ☐ **+1 Hours** HYDROmorphine  
*0.5 mg, Injection, IV Push, q4h, PRN Pain, Breakthrough, Routine*
- ☐ **+1 Hours** morphine  
*1 mg, Inj, IV Push, q2h, PRN Pain, Severe (8-10), Routine*
- ☐ **+1 Hours** morphine  
*1 mg, Inj, IV Push, q4h, PRN Pain, Breakthrough, Routine*
- ☐ **+1 Hours** prochlorperazine  
*5 mg, Injection, IV Push, q4h, PRN Nausea*
- ☐ **+1 Hours** ondansetron  
*4 mg, Injection, IV Push, q4h, PRN Nausea, Routine*
- ☐ Laxative of Choice Orders Plan(SUB)\*





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- ☐ PCA - HYDROMorphone Protocol Plan (Adult)(SUB)\*
- ☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)\*

**Medications for DVT Prophylaxis**

- ☐ VTE Other SURGICAL Prophylaxis Plan(SUB)\*

**Ulcer Prophylaxis**

- ☐ **+1 Hours** famotidine  
20 mg, Injection, IV Push, q12h, Routine

**Antibiotics**

- ☐ **+1 Hours** ceFAZolin  
2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose )
- ☐ **+1 Hours** vancomycin  
15 mg/kg, IV Piggyback, IV Piggyback, q12h, Routine, (for 2 dose )
- ☐ **+1 Hours** metroNIDAZOLE  
500 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose )
- ☐ **+1 Hours** piperacillin-tazobactam  
4.5 g, IV Piggyback, IV Piggyback, q6h, Routine, (for 3 dose )
- ☐ **+1 Hours** clindamycin  
600 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose )
- ☐ **+1 Hours** gentamicin  
1.5 mg/kg, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose )

**Laboratory**

- If not already ordered as pre-admit testing:(NOTE)\*
- ☐ CBC w/o Diff  
Routine, T;N, once, Type: Blood
- ☐ Hct  
Routine, T;N, once, Type: Blood
- ☐ PT/INR  
Routine, T;N, once, Type: Blood
- ☐ PTT  
Routine, T;N, once, Type: Blood
- ☐ PFT Platelet Function Test  
Routine, T;N, once, Type: Blood
- ☐ BMP  
Routine, T;N, once, Type: Blood
- ☐ CMP  
Routine, T;N, once, Type: Blood
- ☐ Hepatic Panel  
Routine, T;N, once, Type: Blood
- ☐ Pregnancy Screen Serum  
Routine, T;N, once, Type: Blood





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- ☐ Type and Screen  
*Routine, T;N, to Hold, Type: Blood*
- ☐ Urinalysis  
*Routine, T;N, once, Type: Urine, Nurse Collect*
- ☐ Urinalysis w/Reflex Microscopic Exam  
*Routine, T;N, once, Type: Urine, Nurse Collect*

**Diagnostic Tests: Include Reason for Exam**

- ☐ Chest 1VW Frontal  
*T;N, Routine, Portable*
- ☐ Chest 2VW Frontal & Lat  
*T;N, Routine, Stretcher*
- ☐ EKG  
*Start at: T;N, Priority: Routine*

**Consults/Notifications/Referrals**

- ☐ Notify Physician-Once  
*T;N, Notify of room number upon arrival to unit*
- ☐ Notify Physician-Continuing  
*T;N, if patient unable to void*
- ☐ Notify Physician For Vital Signs Of  
*T;N, Notify: Physician, BP Systolic > 170, BP Diastolic > 110, BP Systolic < 95, BP Diastolic < 55, Celsius Temp > 35, Heart Rate > 110, Heart Rate < 60, Urine Output < 250mL/8 hrs*

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

