



Physician Orders ADULT

Order Set: Laparoscopic Cholecystectomy Postop Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs Per Unit Protocol	T;N, Routine
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q-shift
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up As Tolerated
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Advance Diet As Tolerated	T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Catheterize In/Out (In and Out Cath)	T;N, Routine, PRN, If necessary to cath x 2, insert foley
<input type="checkbox"/>	Indwelling Urinary Catheter Insert (Foley Insert)	T;N
<input type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)	T;N, per policy
<input type="checkbox"/>	Intake and Output	T;N, Routine, q8h(std), Record Intake & Output
<input type="checkbox"/>	Turn Cough Deep Breathe (Cough and Deep Breathe)	T;N, q2h-Awake
<input type="checkbox"/>	Dressing Care	T;N, Action: Change, q3Day, and PRN
<input type="checkbox"/>	Shower	T;N, May shower at anytime
<input type="checkbox"/>	Discharge Instructions	T;N, Follow up in office in 2 weeks
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, When SDS discharge criteria met
Respiratory Care		
Continuous Infusions		
<input type="checkbox"/>	Lactated Ringers	1,000 mL, IV, Routine, T;N, 100 mL/hr
Medications		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, routine, T;N, q4h, PRN Headache or temp greater than 38 degrees C
<input type="checkbox"/>	acetaminophen-HYDROcodone 325 mg/5 mg oral tablet	1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
<input type="checkbox"/>	OXYcodone	5 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N
<input type="checkbox"/>	HYDROMorphone	1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine





attach patient label here

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Medications continued		
<input type="checkbox"/>	morPHINE	1 mg, Inj, IV Push, q2h, PRN Severe Pain, Routine
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IV Push, q4h, PRN Nausea
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q4h, PRN Nausea, Routine, T;N
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
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Post Lap Chole, Routine, Portable
<input type="checkbox"/>	Abd Sing AP VW	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Post Lap Chole, Routine, Portable
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, BP Systolic > 160, BP Systolic < 95, BP Diastolic < 55, Celsius Temp > 38.5, Heart Rate > 110, Heart Rate < 60, Resp Rate > 24, Resp Rate < 10, Urine Output < 250 mL/8 hrs

Date

Time

Physician's Signature

MD Number



attach patient label here

Physician Orders - ADULT VTE Other SURGICAL Prophylaxis Orders

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Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies☐ Medication allergy(s): _____☐ Latex allergy ☐ Other: _____**NOTE: Bleeding Risk Factor Assessment criteria is listed below VTE orders.****Other Surgical Procedures****NOTE: Bleeding Risks Present, and No contraindication to SCDs:**☐ Sequential Compression Device T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present
Apply**If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:**☐ heparin 5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.☐ heparin 5,000 units, Injection, Subcutaneous, q8h, Routine, T;N, Do not adjust time of first dose as scheduled by pharmacy.**OR**☐ enoxaparin 40 mg, Injection, Subcutaneous, Qday, Routine, T;N + 720, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Do not adjust time of first dose as scheduled by pharmacy.**AND BOTH CBCs:**☐ CBC w/o Diff Routine, T;N, once, Type: Blood,☐ CBC w/o Diff Routine, T+2; 0400, QODay, Type: Blood**Do Not Administer VTE Prophylaxis**☐ Contraindication-VTE Prophylaxis T;N, Reason: Patient has bleeding risk for anticoagulants, and SCDs are contraindicated. **Consider early ambulation.****NOTE: BLEEDING RISK FACTOR ASSESSMENT- This is a partial list of bleeding risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:**☐ Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy☐ Active bleeding☐ INR greater than 1.5 and patient **NOT** on warfarin therapy☐ INR greater than 2 and patient **ON** warfarin therapy☐ Solid Organ and Bone Marrow Transplant patients with platelet count less than 100,000☐ Platelet count less than 50,000 (applies to patients with no history of transplant procedures)☐ Solid organ transplant during this episode of care **OR** within 30 days of admission☐ Documented bleeding or Coagulopathy disorder☐ Hemorrhagic Stroke within 6 weeks of admission☐ Severe Uncontrolled Hypertension☐ Recent Intraocular or Intracranial surgery☐ Vascular Access or Biopsy sites inaccessible to hemostatic control☐ Recent Spinal Surgery☐ Epidural or Spinal Catheter☐ Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)☐ Heparin Induced Thrombocytopenia (HIT)☐ heparin allergy or pork allergy☐ No Bleeding Risk Factors exists

Date

Time

Physician's Signature

MD Number

