



attach patient label

Physician Orders ADULT

Order Set: Plastic Surgery Mastectomy with Immediate Prosthetic Reconstruction Post Op Plan

Related Order Sets:

[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"/> Latex allergy		<input type="checkbox"/> Other: _____
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Change	T;N
<input type="checkbox"/>	Transfer Pt within current facility	T;N
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
<input type="checkbox"/>	Return Patient to Room	T;N,
Activity		
<input type="checkbox"/>	Shower	T;N, QDay Special Instructions: Chlorhexidine shower
<input type="checkbox"/>	Ambulate	T;N, Routine, qid, Order Comments: POD 1: 2-4 times a day, then 6-8 times a day until discharge
<input type="checkbox"/>	Up to Chair	T;N, Routine, qid, for 1 hour 2-4 times day of surgery, then greater than 8 hours a day until discharge
Food/Nutrition		
<input type="checkbox"/>	Regular Adult Diet	T;N,
<input type="checkbox"/>	Consistent Carbohydrate Diet	T;N, T;N, Caloric Level: _____ Calorie, Insulin: <input type="checkbox"/> No Insulin <input type="checkbox"/> Short Acting <input type="checkbox"/> Intermediate <input type="checkbox"/> Long Acting <input type="checkbox"/> Short and Intermediate <input type="checkbox"/> Short and Long; Renal Patient: <input type="checkbox"/> No <input type="checkbox"/> Yes, on dialysis <input type="checkbox"/> Yes, not on dialysis
Patient Care		
<input type="checkbox"/>	Position Patient	T;N, Special Instructions: encourage sitting at edge of bed or chair
<input type="checkbox"/>	IV Discontinue When Tolerating PO	T;N, Peripheral IV saline lock when PO intake is greater than 600 mL/day or by 0800 day after surgery whichever comes first.
<input type="checkbox"/>	Indwelling Urinary Catheter Insert-Follow Removal Protocol	T;N, Reason: <input type="checkbox"/> Urethral problems <input type="checkbox"/> Acute retention or neurogenic bladder <input type="checkbox"/> s/p GYN or genitourinary tract surgery <input type="checkbox"/> s/p urologic or colorectal surgery <input type="checkbox"/> s/p organ transplant <input type="checkbox"/> Vent & paralyzed, condom cath not option <input type="checkbox"/> Chronic indwelling or suprapubic cath <input type="checkbox"/> Sacral wound (Stage III or IV) w/incont <input type="checkbox"/> Epidural in place <input checked="" type="checkbox"/> Post-op surgery less than 24 hours ago <input type="checkbox"/> 24hr urine collection and incontinence <input type="checkbox"/> Hospice or terminal care <input type="checkbox"/> Continuous irrigation/Med instillation <input type="checkbox"/> Strict UOP (q 30min or q 1hr) in ICU <input type="checkbox"/> Spinal Fusion, Scoliosis w/prolong immob

SURG Plastic Surgery Mast w Immediate Prosthetic Reconstruction Post Op Plan 20016 PP QM02115
021715





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Patient Care continued		
[]	Indwelling Urinary Catheter Remove	T;N, Routine
[]	Indwelling Urinary Catheter Remove	T+1, 0800
[]	Indwelling Urinary Catheter Remove	T+2, 0800
[]	Intake and Output	T;N, Routine, q4h(std)
[]	Cough and Deep Breathe	T;N, Routine, q2h-Awake
[]	Wound Drain Care	T;N, Special Instructions: strip drains every 4 hours
[]	Instruct/Educate	T;N, Instruct: Patient and/or family, Topic: Drain care and signs/symptoms of
[]	Smoking Cessation Advise/Counsel	T;N, Provide teaching materials and document
[]	Discharge Instructions	T;N, Wound/Incision Care: biopatch and clear occlusive dressing to drain site to be left in place until follow up appt. Keep dressing on breast and over drains.
Nursing Communication		
[]	Nursing Communication	T;N, If pain remains greater than 7 one hour after hydromorphone and oxycodone doses, call MD to order Hydromorphone or MorPHINE PCA per protocol without a basal rate and stop date/time of 10:00am the day after surgery
[]	Nursing Communication	T;N, No tobacco or nicotine products
[]	Nursing Communication	T;N, Assess skin integrity for color and tissue perfusion
[]	Nursing Communication	T;N, Confirm with MD antibiotics prescribed on discharge.
Respiratory Care		
[]	Oxygen Saturation-Continuous Monitoring (RT)	T;N, Special Instructions: Continuous Monitoring while on PCA
Continuous Infusion		
[]	D5 1/2 NS KCL 20 mEq/L	1000mL, IV, Routine, 100 mL/hr, Peripheral IV saline lock when PO intake is greater than 600 mL/day or by 0800 day after surgery whichever comes first.
Medicine		
[]	Acetaminophen	650mg, Tab, PO, q6h, Pain, Mild (1-3), Routine
[]	oxyCODONE	5mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Order Comments: Do not use at same time as IV PCA is used.
[]	oxyCODONE	10mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Order Comments: Do not use at same time as IV PCA is used.
[]	HYDROmorphone	0.5mg, Injection, IV Push, q20min, PRN Pain, Severe (8-10) , Routine, (for 2 doses) Order Comments: Only give if more than 1 hour after receiving Oxycodone. DO NOT START PCA UNTIL AFTER TWO DOSES OF HYDROmorphone.
[]	Nursing Communication	If PCA is ordered do not start until after two doses of HYDROmorphone IV Push have been administered.



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Medicine continued		
<input type="checkbox"/>	PCA - MorPHINE Protocol Plan (Adult)	
<input type="checkbox"/>	PCA - HYDRomorphone Protocol Plan (Adult)	
<input type="checkbox"/>	Diazepam	T;N, 2.5mg, Tab, PO, q6h, PRN Muscle Spasm, Routine
<input type="checkbox"/>	Diazepam	T;N, 2.5mg, Tab, PO, once, Routine, Order Comments: Give one hour prior to first ambulation.
<input type="checkbox"/>	docusate-senna 50mg-8.6 mg oral tablet	2 tab, Tab, PO, hs, Routine, Order Comments: Hold for diarrhea
<input type="checkbox"/>	bisacodyl	10mg, Supp, PR, Qday, PRN constipation
<input type="checkbox"/>	ceFAZolin	2g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 doses), Order Comments: Start within 8 hours of last dose, Use for patients less than 120 kg.
Note: If pt greater than 120kg, give dose below.		
<input type="checkbox"/>	ceFAZolin	3g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 doses), Order Comments: Start within 8 hours of last dose. Use for patients 120 kg and greater.
<input type="checkbox"/>	Vancomycin	15mg/kg, IV Piggyback , IV Piggyback, once, Routine, Order Comments: Give within 12 hours of preop dose.
<input type="checkbox"/>	VTE Surgical Prophylaxis Plan	
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, Notify: Plastics, BP Systolic >180, BP Systolic <90, Celsius Temp >38.5, Heart Rate >120, Heart Rate < 50, Urine Output <30ml/hr X2 consecutive hrs, Special Instructions: Drain output >50 ml in 4 hours
<input type="checkbox"/>	Notify Physician-Continuous	T;N, any skin integrity changes and/or signs of hematoma or seroma
<input type="checkbox"/>	Notify Physician-Continuous	T;N, Hgb less than or equal to 8g/dL

Date

Time

Physician's Signature

MD Number