



attach patient label

Physician Orders ADULT

**Order Set: Plastic Surgery Breast Free Flap
Reconstruction Pre-Op Plan**

Related Order Sets:

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies☐ Latex allergy ☐ Other: _____**Admission/Transfer/Discharge**☐ Patient Status Initial Inpatient Attending Physician: _____**Bed Type:** ☐ Med Surg ☐ Critical Care ☐ Stepdown ☐ Other☐ Notify Physician Once T;N, of room number on arrival to unit☐ NPO T;N,**Patient Care**

<input type="checkbox"/>	Indwelling Urinary Catheter Insert - Follow Removal Protocol	T;N, Routine, once, Comment: to bedside gravity drainage, to be inserted during OR. [X] Intraoperative for prolonged surgery [] Urethral problems [] Acute retention or neurogenic bladder w/prolong immob [] s/p GYN or genitourinary tract surgery [] s/p urologic or colorectal surgery [] s/p organ transplant [] Vent & paralyzed, condom cath not option [] Chronic indwelling or suprapubic cath [] Sacral wound (Stage III or IV) w/incont [] Epidural in place [] Post-op surgery less than 24 hours ago [] 24hr urine collection and incontinence [] Hospice or terminal care	<input type="checkbox"/> Continuous irrigation/Med <input type="checkbox"/> Strict UOP (q 30min or q 1hr) in ICU <input type="checkbox"/> Spinal Fusion, Scoliosis
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Medications

<input type="checkbox"/>	Acetaminophen	975mg, Tab, PO, once, Routine, Order Comments: Multimodal preemptive analgesia prior to surgery
<input type="checkbox"/>	Gabapentin	600mg, Cap, PO, once, Routine, Order Comments: Multimodal preemptive analgesia prior to surgery
<input type="checkbox"/>	Celecoxib	400mg, Cap, PO, once, Routine, Order Comments: Multimodal preemptive analgesia prior to surgery
<input type="checkbox"/>	Heparin	5,000 units, Injection, Subcutaneous, once, Routine, Order Comments: to be given in preop holding.

Date

Time

Physician's Signature

MD Number

SURG Plastic Surgery Breast Free Flap
Reconstruction Pre Op Plan 20017 PP QM0215
021715