



attach patient label here

Physician Orders ADULT
Order Set: Penile Prosthesis 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	T;N, Monitor and Record T,P,R,BP,q30min, For 2 occurrence, then q1h X 2 occurrence, then q4h X 24hr, then q8h
Activity		
<input type="checkbox"/>	Bedrest	T;N, For 4 hr
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N+240, Up Ad Lib, 4 hours post op
Food/Nutrition		
<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
<input type="checkbox"/>	1800 Calorie ADA Diet	
Patient Care		
<input type="checkbox"/>	Cold Apply (Ice Pack Apply)	T;N, Perineum
<input type="checkbox"/>	Wound Drain Care (Drain Care)	T;N, compress JP and empty q-shift
<input type="checkbox"/>	Indwelling Urinary Catheter Insert (Foley Insert)	T;N, PRN
<input type="checkbox"/>	Indwelling Urinary Catheter Remove (Foley Remove)	T;N, 4 hr post op
<input type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)	T;N, Routine, foley to BSB
<input type="checkbox"/>	Intake and Output (I & O)	T;N, Routine
Medications		
<input type="checkbox"/>	vancomycin	1 g, Injection, IV Piggyback, q12h, T;N, Routine, (2 dose)
<input type="checkbox"/>	gentamicin	80 mg, Injection, IV Piggyback, q8h, T;N, Routine, (2 dose)
<input type="checkbox"/>	ceftriaxone	1 g, Injection, IV Piggyback, q24h, T;N, Routine, (1 dose)
MorPHINE PCA Protocol Orders		
HYDRomorphone PCA Protocol Orders		
Adult Patient Controlled Analgesia Order (Adult Patient Controlled Analgesia Orders)		
<input type="checkbox"/>	acetaminophen-OXYcodone 325 mg- 1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, T;N, Comment: May give 1 tab for	
<input type="checkbox"/>	acetaminophen-OXYcodone 325 mg- 2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N	
<input type="checkbox"/>	5 mg oral tablet	
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IV Push, q6h, PRN Nausea, Routine, T;N
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IM, q6h, PRN Nausea/Vomiting, Routine, T;N
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine, T;N

Date

Time

Physician's Signature

MD Number

UROL Penile Prosthesis Postop - 22108-
QM1008-Ver2 071211