



Physician Orders ADULT: TURP/TURBT Postop Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: TURP/TURBT Postop Phase, When to Initiate: _____

TURP/TURBT Postop Phase

Admission/Transfer/Discharge

- ☐ Return Patient to Room
☐ Transfer Pt within current facility
☐ Notify Physician-Once
Notify For: room number upon arrival to unit

Vital Signs

- ☒ Vital Signs
Monitor and Record Temp, For, q4h for 4 occurrences, then q8h
- ☒ Vital Signs
Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse, For, q2h for 8 occurrences, then q8h

Activity

- ☒ Activity As Tolerated

Food/Nutrition

- ☒ Advance Diet As Tolerated
☐ Clear Liquid Diet
☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
Caloric Level: 1800 Calorie

Patient Care

- ☐ Foley Care
Routine, Foley to BSB, hand irrigate as needed until free of clots
- ☒ Incentive Spirometry NSG
Routine, q1h-Awake
- ☐ IV Insert/Site Care
Routine, q4day
- ☐ Irrigate
Bladder, continuous irrigation to bladder, titrate to keep clear

Continuous Infusion

- ☐ Dextrose 5% with 0.45% NaCl
1,000 mL, IV, Routine, 75 mL/hr
- ☐ Sodium Chloride 0.45%
1,000 mL, IV, Routine, 75 mL/hr
- ☐ Glycine
3,000 mL, IRR Soln, IRR, Irrigation Site: Bladder, Routine, Titrate
Comments: Continuous irrigation to foley, titrate until clear.

Medications

- ☐ VTE Other SURGICAL Prophylaxis Plan(SUB)*
- ☐ **+1 Hours** belladonna-opium 16.2 mg-30 mg rectal suppository
1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
- ☐ **+1 Hours** belladonna-opium 16.2 mg-60 mg rectal suppository
1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
- ☐ **+1 Hours** ondansetron





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4 mg, Injection, IM, q6h, PRN Nausea/Vomiting

Comments: Give if no IV access.

- ☐ **+1 Hours** ceFAZolin
1 g, Injection, IV Push, q8h, Routine, (for 2 dose)
- ☐ **+1 Hours** cefTRIAxone
1 g, IV Piggyback, IV Piggyback, q24h, Routine, (for 1 dose)
NOTE: If allergic to cephalosporins, please choose the order below. (NOTE)*
- ☐ ciprofloxacin
400 mg, IV Piggyback, IV Piggyback, q24h, Routine, (for 2 dose)
- ☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
- ☐ PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

Laboratory

- ☐ Hct
Routine, T;N, once, Type: Blood
Comments: in PACU
- ☐ Hct
Routine, T+1;0400, once, Type: Blood
- ☐ BMP
Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals

- ☒ Notify Physician For Vital Signs Of
BP Diastolic > 100, BP Systolic < 100, Heart Rate > 100, Urine Output < 120 mL/ 4 hrs

Date

Time

Physician's Signature

MD Number

*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

