



Physician Orders ADULT: UROL Radical Prostatectomy/Nephrectomy Postop Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Radical Prostatectomy/Nephrectomy Postop Phase, When to Initiate:_____

Radical Prostatectomy/Nephrectomy Postop

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

- ☒ Up To Chair
T+1;0800, tid

Food/Nutrition

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

Patient Care

- ☒ Incentive Spirometry NSG
Routine, q1h-Awake
☒ Foley Care
Routine
☐ IV Insert/Site Care
Routine, q4day

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

Medications

- ☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
☐ PCA - HYDRomorphone 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, Pain, Moderate (4-7), Routine
☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine
Comments: Give first.
☐ **+1 Hours** prochlorperazine
5 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting





Physician Orders ADULT: UROL Radical Prostatectomy/Nephrectomy Postop Plan

Comments: Give if no response to ondansetron.

- ☐ **+1 Hours** prochlorperazine
 10 mg, Injection, IM, q6h, PRN Nausea/Vomiting
Comments: Give no response to ondansetron. Give IM if no IV access.
 NOTE: If no history of Peptic Ulcer Disease or GI bleed or Renal Insufficiency complete orders below:(NOTE)*
- ☐ **+1 Hours** ketorolac
 30 mg, Injection, IV Push, q6h, Routine, (for 72 hr)
- ☐ **+1 Hours** ketorolac
 30 mg, Injection, IM, q6h, Routine, (for 72 hr)
 NOTE: If patient is greater than 65 years of age or weight less than 50 kg, order Ketorolac below.(NOTE)*
- ☐ **+1 Hours** ketorolac
 15 mg, Injection, IV Push, q6h, Routine, (for 72 hr)
- ☐ **+1 Hours** ketorolac
 15 mg, Injection, IM, q6h, Routine, (for 72 hr)
- ☐ **+1 Hours** ceFAZolin
 1 g, Injection, IV Push, q8h, Routine, (for 2 dose)
Comments: Time first dose to be given 8 hours after pre-op dose.
- ☐ **+1 Hours** cefTRIAxone
 1 g, IV Piggyback, IV Piggyback, q24h, Routine, (for 1 dose)

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 > 100mmHg, BP Systolic < 100mmHg, Heart Rate > 100bpm, 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

