Physician Orders ADULT
Order Set: Urology Robotic Prostatectomy Postop Orders

[R] = will be ordered
T= Today; N = Now (date and time ordered)

Height: _____ cm    Weight: _____ kg

Allergies:  [ ] No known allergies
[ ] Medication allergy(s): _______________________________________
[ ] Latex allergy  [ ] Other: _______________________________________

Admit Patient to Dr. ________________________________________

Admit Status:  [ ] Inpatient  [ ] Outpatient  [ ] Observation

NOTE to MD: Inpatient - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care.

Outpatient - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area.

Observation - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up.

Bed Type:  [ ] Med/Surg  [ ] Critical Care  [ ] Stepdown  [ ] Telemetry; Specific Unit Location: ___________________

Return Patient to Room T:N
Transfer Patient T:N
Notify Physician-Once T:N, Room number on arrival to unit.

Primary Diagnosis: _____________________________________________________
Secondary Diagnosis: ___________________________________________________

Vital Signs

[ ] Vital Signs T:N, Monitor and Record T,P,R,BP, q1h X 4, then q4h

Activity

[ ] Out Of Bed T:N, Up in chair tonight postop.
[ ] Out Of Bed T+1:0800, Up To Ambulate in Hall, And up in chair TID in a.m. postop Day 1.

Food/Nutrition

[ ] Advance Diet As Tolerated T:N, Advance to regular diet.
[ ] Regular Adult Diet Start at: T:N
[ ] Clear Liquid Diet Start at: T:N

Patient Care

[ ] Wound Drain Care (Drain Care) T:N, JP to bulb suction. Recharge q4h.
[ ] Indwelling Urinary Catheter Care (Foley Care) T:N, q8h(std), To gravity. DO NOT REMOVE CATHETER. Call Urologist if urine output is less than 120 mL/hour or other problems.
[ ] Intake and Output T:N, q8h(std)
[ ] Suture Removal Kit to Bedside T:N, Have at bedside on arrival to floor post surgery.
[ ] Nursing Communication T:N, Please photocopy the preprinted robotic discharge instructions and give copy to caregiver.

Respiratory Care

[ ] Incentive Spirometry NSG T:N, q1h-Awake For 10 occurrence
[ ] Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT)) T:N
[ ] Nasal Cannula (O2-BNC) T:N, 2 L/min, Special Instructions: Titrate to keep O2 Sat greater than or equal to 92%.
**Physician Orders ADULT**

**Order Set: Urology Robotic Prostatectomy Postop**

Orders

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<table>
<thead>
<tr>
<th>Continuous Infusions</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] potassium chloride (D51/2 NS KCl 20 mEq/L) 1,000 mL, IV, Routine, 125 mL/hr</td>
<td>acetaminophen-OXYcodone (acetaminophen-OXYcodone 325 mg-5 mg oral tablet) 2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, Comment: Start with tab for mild pain.</td>
</tr>
<tr>
<td>[ ] Dextrose 5% with 0.45% NaCl (D51/2NS) 1,000 mL, IV, Routine, 150 mL/hr</td>
<td>ondansetron 4 mg, Injection, IV Push, q6h, Nausea, Routine</td>
</tr>
<tr>
<td>[ ] Sodium Chloride 0.9% 1,000 mL, IV, Routine, 150 mL/hr</td>
<td>prochlorperazine 5 mg, Injection, IV Push, once, T, N, Stop injection immediately if patient complains of burning/pain.</td>
</tr>
<tr>
<td>[ ] Lactated Ringers 1,000 mL, IV, Routine, 150 mL/hr</td>
<td>If no history of peptic ulcer disease, GI bleed, or Renal Insufficiency, complete Ketorolac below:</td>
</tr>
<tr>
<td>[ ] ketorolac 30 mg, Injection, IM, q6h, Routine, ( 12 dose ), Comment: Hold if creatinine less than 1.5 mg/dL.</td>
<td>[ ] ketorolac 30 mg, Injection, IM, q6h, PRN Other, specify in Comment, Routine, ( 12 dose ), Comment: PRN if no IV route, Hold if creatinine less than 1.5 mg/dL.</td>
</tr>
<tr>
<td>[ ] ketorolac 30 mg, Injection, IV Push, q6h, Routine, ( 12 dose ), Comment: PRN if no IV route, Hold if creatinine less than 1.5 mg/dL.</td>
<td>If age &gt; than or = to 65 or weight &lt; 50 kg, give Ketorolac dose below:</td>
</tr>
<tr>
<td>[ ] ketorolac 15 mg, Injection, IV Push, q6h, Routine, ( 12 dose ), Comment: Hold if creatinine less than 1.5 mg/dL.</td>
<td>[ ] ketorolac 15 mg, Injection, IM, q6h, PRN Other, specify in Comment, Routine, ( 12 dose ), Comment: PRN if no IV route, Hold if creatinine less than 1.5 mg/dL.</td>
</tr>
<tr>
<td>[ ] ketorolac 15 mg, Injection, IM, q6h, PRN Other, specify in Comment, Routine, ( 12 dose ), Comment: PRN if no IV route, Hold if creatinine less than 1.5 mg/dL.</td>
<td>ampicillin 1 g, Injection, IV Piggyback, q8h, Routine, ( 3 dose )</td>
</tr>
<tr>
<td>[ ] gentamicin 80 mg, IV Piggyback, IV Piggyback, q12h, Routine, ( 2 dose )</td>
<td>ceFAZolin 1 g, IV Piggyback, IV Piggyback, q8h, Routine, ( 3 dose )</td>
</tr>
<tr>
<td>[ ] quinapril 40 mg, Tab, PO, QDay, Routine, ( 1 dose )</td>
<td>simvastatin 20 mg, Tab, PO, QDay, Routine</td>
</tr>
<tr>
<td>[ ] esomeprazole 40 mg, Cap, PO, hs, Routine</td>
<td>acetaminophen 650 mg, Tab, PO, q4h, PRN Pain or Fever, Routine</td>
</tr>
<tr>
<td>[ ] docusate (docusate sodium) 200 mg, Cap, PO, QDay, Routine</td>
<td>hyoscyamine 0.125 mg, Tab, SL, q8h, PRN Bladder Spasm, Routine</td>
</tr>
</tbody>
</table>

**HYDROmorphine PCA Protocol Orders**

**Adult Patient Controlled Analgesia Order (Adult Patient Controlled Analgesia Orders)**

| [ ] morPHINE 4 mg, Injection, IV Push, q4h, PRN Pain, Moderate (4-7), Routine | [ ] morPHINE 6 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine |
| [ ] zolpidem 5 mg, Tab, PO, hs, PRN Insomnia, Routine | [ ] VTE Prophylaxis (SURGICAL) 25006-PP-VTE-Spinal-General-GYN-Thoracic-Transplant-URO Prophylaxis |

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UROL Urology Robotic Prostatectomy  
Postop - 22111-QM1008 Ver5 071211  
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<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
<th>Type</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematocrit (Hct)</td>
<td>STAT, T;N, once</td>
<td>Blood</td>
<td>In PACU</td>
</tr>
<tr>
<td>Brain Natriuretic Peptide (BNP)</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td>In PACU</td>
</tr>
<tr>
<td>Hematocrit (Hct)</td>
<td>Routine, T+1;0400</td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td>Brain Natriuretic Peptide (BNP)</td>
<td>Routine, T+1;0400</td>
<td>Blood</td>
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<tr>
<th>Test</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chest 1VW Frontal</td>
<td>T;N, Routine, Portable</td>
</tr>
</tbody>
</table>

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<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Consult</td>
<td>T;N</td>
</tr>
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### Physician Orders - ADULT

**VTE Other SURGICAL Prophylaxis Orders**

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**NOTE:** Bleeding Risk Factor Assessment criteria is listed below VTE orders.

#### Other Surgical Procedures

**NOTE:** Bleeding Risks Present, and No contraindication to SCDs:

- [ ] Sequential Compression Device  
  T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present

If **NO Bleeding Risk Present**, place **ONE** Heparin or Enoxaparin order below and place both CBC orders:

- [ ] heparin  
  5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.

- [ ] heparin  
  5,000 units, Injection, Subcutaneous, q8h, Routine, T;N, Do not adjust time of first dose as scheduled by pharmacy.

**OR**

- [ ] enoxaparin  
  40 mg, Injection, Subcutaneous, Qday, Routine, T;N + 720, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Do not adjust time of first dose as scheduled by pharmacy.

**AND BOTH CBCs:**

- [ ] CBC w/o Diff  
  Routine, T;N, once, Type: Blood.

- [ ] CBC w/o Diff  
  Routine, T+2;0400, QODay, Type: Blood

**Do Not Administer VTE Prophylaxis**

- [ ] Contraindication-VTE Prophylaxis  
  T;N, Reason: Patient has bleeding risk for anticoagulants, and SCDs are contraindicated. **Consider early ambulation.**

**NOTE:** BLEEDING RISK FACTOR ASSESSMENT- This is a partial list of bleeding risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:

- [ ] Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy

- [ ] Active bleeding

- [ ] INR greater than 1.5 and patient NOT on warfarin therapy

- [ ] INR greater than 2 and patient ON warfarin therapy

- [ ] Solid Organ and Bone Marrow Transplant patients with platelet count less than 100,000

- [ ] Platelet count less than 50,000 (applies to patients with no history of transplant procedures)

- [ ] Solid organ transplant during this episode of care **OR** within 30 days of admission

- [ ] Documented bleeding or Coagulopathy disorder

- [ ] Hemorrhagic Stroke within 6 weeks of admission

- [ ] Severe Uncontrolled Hypertension

- [ ] Recent Intraocular or Intracranial surgery

- [ ] Vascular Access or Biopsy sites inaccessible to hemostatic control

- [ ] Recent Spinal Surgery

- [ ] Epidural or Spinal Catheter

- [ ] Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)

- [ ] Heparin Induced Thrombocytopenia (HIT)

- [ ] heparin allergy or pork allergy

- [ ] No Bleeding Risk Factors exists

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**Date**  **Time**  **Physician’s Signature**  **MD Number**

25006-VTE Other SURGICAL PROPHYLAXIS-QM1008 Ver4 051211  
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