



**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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s):		_____
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr.	_____
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation		
<b>NOTE to MD: Inpatient</b> - 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		
<b>Outpatient</b> - 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		
<b>Observation</b> - 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		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Notify Physician-Once	T;N, Room number on arrival to unit.
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h X 4, then q4h
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed	T;N, Up in chair tonight postop.
<input type="checkbox"/>	Out Of Bed	T+1;0800, Up To Ambulate in Hall, And up in chair TID in a.m. postop Day 1.
<b>Food/Nutrition</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Advance to regular diet.
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Wound Drain Care (Drain Care)	T;N, JP to bulb suction. Recharge q4h.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Intake and Output	T;N, q8h(std)
<input type="checkbox"/>	Suture Removal Kit to Bedside	T;N, Have at bedside on arrival to floor post surgery.
<input type="checkbox"/>	Nursing Communication	T;N, Please photocopy the preprinted robotic discharge instructions and give copy to caregiver.
<b>Respiratory Care</b>		
<input type="checkbox"/>	Incentive Spirometry NSG	T;N, q1h-Awake For 10 occurrence
<input type="checkbox"/>	Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT))	T;N
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: Titrate to keep O2 Sat greater than or equal to 92%.





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Continuous Infusions		
<input type="checkbox"/>	potassium chloride (D51/2 NS KCl 20 mEq/L)	1,000 mL, IV, Routine, 125 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl (D51/2NS)	1,000 mL, IV, Routine, 150 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, Routine, 150 mL/hr
<input type="checkbox"/>	Lactated Ringers	1,000 mL, IV, Routine, 150 mL/hr
Medications		
<input type="checkbox"/>	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.
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q6h, Nausea, Routine
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IV Push, once, T, N, Stop injection immediately if patient complains of burning/pain.
<b>If no history of peptic ulcer disease, GI bleed, or Renal Insufficiency, complete Ketorolac below:</b>		
<input type="checkbox"/>	ketorolac	30 mg, Injection, IV Push, q6h, Routine, ( 12 dose ), Comment: Hold if creatinine less than 1.5 mg/dL
<input type="checkbox"/>	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.
<b>If age &gt; than or = to 65 or weight &lt; 50 kg, give Ketorolac dose below:</b>		
<input type="checkbox"/>	ketorolac	15 mg, Injection, IV Push, q6h, Routine, ( 12 dose ), Comment: Hold if creatinine less than 1.5 mg/dL
<input type="checkbox"/>	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.
<input type="checkbox"/>	ampicillin	1 g, Injection, IV Piggyback, q8h, Routine, ( 3 dose )
<input type="checkbox"/>	gentamicin	80 mg, IV Piggyback, IV Piggyback, q12h, Routine, ( 2 dose )
<input type="checkbox"/>	ceFAZolin	1 g, IV Piggyback, IV Piggyback, q8h, Routine, ( 3 dose )
<input type="checkbox"/>	quinapril	40 mg, Tab, PO, QDay, Routine, ( 1 dose )
<input type="checkbox"/>	simvastatin	20 mg, Tab, PO, QDay, Routine
<input type="checkbox"/>	esomeprazole	40 mg, Cap, PO, hs, Routine
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, q4h, PRN Pain or Fever, Routine
<input type="checkbox"/>	docusate (docusate sodium)	200 mg, Cap, PO, QDay, Routine
<input type="checkbox"/>	hyoscyamine	0.125 mg, Tab, SL, q8h, PRN Bladder Spasm, Routine
HYDRomorphone PCA Protocol Orders		
Adult Patient Controlled Analgesia Order (Adult Patient Controlled Analgesia Orders)		
<input type="checkbox"/>	morPHINE	4 mg, Injection, IV Push, q4h, PRN Pain, Moderate (4-7), Routine
<input type="checkbox"/>	morPHINE	6 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine
<input type="checkbox"/>	zolpidem	5 mg, Tab, PO, hs, PRN Insomnia, Routine
VTE Prophylaxis (SURGICAL) 25006-PP-VTE-Spinal-General-GYN-Thoracic-Transplant-URO Prophylaxis		

attach patient label here



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Laboratory		
<input type="checkbox"/>	Hematocrit (Hct)	STAT, T;N, once, Type: Blood, Comment: In PACU
<input type="checkbox"/>	Brain Natriuretic Peptide (BNP)	STAT, T;N, Type: Blood, Comment: In PACU
<input type="checkbox"/>	Hematocrit (Hct)	Routine, T+1;0400, Type: Blood
<input type="checkbox"/>	Brain Natriuretic Peptide (BNP)	Routine, T+1;0400, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Routine, Portable
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N

Date

Time

Physician's Signature

MD Number



## Physician Orders - ADULT VTE Other SURGICAL Prophylaxis Orders

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:**  No known allergies

Medication allergy(s): \_\_\_\_\_

Latex allergy  Other: \_\_\_\_\_

**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  
Apply

**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

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_ **MD Number** \_\_\_\_\_

