



**Physician Orders ADULT**  
**Order Set: Plastic Surgery Mastectomy with Immediate Prosthetic Reconstruction Post Op Plan**

Related Order Sets:

[R] = will be ordered

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

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

**Allergies:**  No known allergies

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

**Admission/Transfer/Discharge**

Patient Status Change T;N

Transfer Pt within current facility T;N

**Bed Type:**  Med Surg  Critical Care  Stepdown  Other

Notify Physician Once T;N, of room number on arrival to unit

Return Patient to Room T;N,

**Activity**

Shower T;N, QDay Special Instructions: Chlorhexidine shower

Ambulate T;N, Routine, qid, Order Comments: POD 1: 2-4 times a day, then 6-8 times a day until discharge

Up to Chair T;N, Routine, qid, for 1 hour 2-4 times day of surgery, then greater than 8 hours a day until discharge

**Food/Nutrition**

Regular Adult Diet T;N,

Consistent Carbohydrate Diet T;N, T;N, Caloric Level: \_\_\_\_\_ Calorie, Insulin:  No Insulin  Short Acting  Intermediate  Long Acting  Short and Intermediate  Short and Long; Renal Patient: No  Yes, on dialysis  Yes, not on dialysis

**Patient Care**

Position Patient T;N, Special Instructions: encourage sitting at edge of bed or chair

IV Discontinue When Tolerating PO T;N, Peripheral IV saline lock when PO intake is greater than 600 mL/day or by 0800 day after surgery whichever comes first.

Indwelling Urinary Catheter Insert-Follow Removal Protocol T;N, Reason:

- Urethral problems
- Acute retention or neurogenic bladder
- s/p GYN or genitourinary tract surgery
- s/p urologic or colorectal surgery
- s/p organ transplant
- Vent & paralyzed, condom cath not option
- Chronic indwelling or suprapubic cath
- Sacral wound (Stage III or IV) w/incont
- Epidural in place
- Post-op surgery less than 24 hours ago
- 24hr urine collection and incontinence
- Hospice or terminal care
- Continuous irrigation/Med instillation
- Strict UOP (q 30min or q 1hr) in ICU
- Spinal Fusion, Scoliosis w/prolong immob





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Patient Care continued		
[ ]	Indwelling Urinary Catheter Remove	T;N, Routine
[ ]	Indwelling Urinary Catheter Remove	T+1, 0800
[ ]	Indwelling Urinary Catheter Remove	T+2, 0800
[ ]	Intake and Output	T;N, Routine, q4h(std)
[ ]	Cough and Deep Breathe	T;N, Routine, q2h-Awake
[ ]	Wound Drain Care	T;N, Special Instructions: strip drains every 4 hours
[ ]	Instruct/Educate	T;N, Instruct: Patient and/or family, Topic: Drain care and signs/symptoms of
[ ]	Smoking Cessation Advise/Counsel	T;N, Provide teaching materials and document
[ ]	Discharge Instructions	T;N, Wound/Incision Care: biopatch and clear occlusive dressing to drain site to be left in place until follow up appt. Keep dressing on breast and over drains.
Nursing Communication		
[ ]	Nursing Communication	T;N, If pain remains greater than 7 one hour after hydromorphone and oxycodone doses, call MD to order Hydromorphone or MorPHINE PCA per protocol without a basal rate and stop date/time of 10:00am the day after surgery
[ ]	Nursing Communication	T;N, No tobacco or nicotine products
[ ]	Nursing Communication	T;N, Assess skin integrity for color and tissue perfusion
[ ]	Nursing Communication	T;N, Confirm with MD antibiotics prescribed on discharge.
Respiratory Care		
[ ]	Oxygen Saturation-Continuous Monitoring (RT)	T;N, Special Instructions: Continuous Monitoring while on PCA
Continuous Infusion		
[ ]	D5 1/2 NS KCL 20 mEq/L	1000mL, IV, Routine, 100 mL/hr, Peripheral IV saline lock when PO intake is greater than 600 mL/day or by 0800 day after surgery whichever comes first.
Medicine		
[ ]	Acetaminophen	650mg, Tab, PO, q6h, Pain, Mild (1-3), Routine
[ ]	oxyCODONE	5mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Order Comments: Do not use at same time as IV PCA is used.
[ ]	oxyCODONE	10mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Order Comments: Do not use at same time as IV PCA is used.
[ ]	HYDROmorphone	0.5mg, Injection, IV Push, q20min, PRN Pain, Severe (8-10) , Routine, (for 2 doses) Order Comments: Only give if more than 1 hour after receiving Oxycodone. DO NOT START PCA UNTIL AFTER TWO DOSES OF HYDROmorphone.
[ ]	Nursing Communication	If PCA is ordered do not start until after two doses of HYDROmorphone IV Push have been administered.



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Medicine continued	
<input type="checkbox"/>	<b>PCA - MorPHINE Protocol Plan (Adult)</b>
<input type="checkbox"/>	<b>PCA - HYDRomorphone Protocol Plan (Adult)</b>
<input type="checkbox"/>	Diazepam T;N, 2.5mg, Tab, PO, q6h, PRN Muscle Spasm, Routine
<input type="checkbox"/>	Diazepam T;N, 2.5mg, Tab, PO, once, Routine, Order Comments: Give one hour prior to first ambulation.
<input type="checkbox"/>	docusate-senna 50mg-8.6 mg oral tablet 2 tab, Tab, PO, hs, Routine, Order Comments: Hold for diarrhea
<input type="checkbox"/>	bisacodyl 10mg, Supp, PR, Qday, PRN constipation
<input type="checkbox"/>	ceFAZolin 2g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 doses), Order Comments: Start within 8 hours of last dose, Use for patients less than 120 kg.
<b>Note: If pt greater than 120kg, give dose below.</b>	
<input type="checkbox"/>	ceFAZolin 3g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 doses), Order Comments: Start within 8 hours of last dose. Use for patients 120 kg and greater.
<input type="checkbox"/>	Vancomycin 15mg/kg, <b>IV Piggyback</b> , IV Piggyback, once, Routine, Order Comments: Give within 12 hours of prep dose.
<input type="checkbox"/>	<b>VTE Surgical Prophylaxis Plan</b>
Consults/Notifications	
<input type="checkbox"/>	Notify Physician For Vital Signs Of T;N, Notify: Plastics, BP Systolic >180, BP Systolic <90, Celsius Temp >38.5, Heart Rate >120, Heart Rate < 50, Urine Output <30ml/hr X2 consecutive hrs, Special Instructions: Drain output >50 ml in 4 hours
<input type="checkbox"/>	Notify Physician-Continuous T;N, any skin integrity changes and/or signs of hematoma or seroma
<input type="checkbox"/>	Notify Physician-Continuous T;N, Hgb less than or equal to 8g/dL

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