



Plastic Surgery Breast Free Flap POD 0 Plan

[X or R] = will be ordered unless marked out.

attach patient label

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy	<input type="checkbox"/> Other: _____	
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Change	T;N
<input type="checkbox"/>	Transfer Pt within current facility	T;N
Food/Nutrition		
<input type="checkbox"/>	Clear Liquid Diet	T;N, Adult (>18 years), Order Comments: patient up in chair for all meals.
Patient Care		
<input type="checkbox"/>	Position Patient	T;N, Special Instructions: encourage sitting at edge of bed or chair
<input checked="" type="checkbox"/>	Weight Bearing Status	T;N, Status: Full Weight Bearing
<input type="checkbox"/>	Flap Checks	T;N, Routine, q1h(std) For 48 hr, Special Instructions: Leave Cooks-Swartz probe signal monitor turned on continuously. Hand held doppler checks and color checks every hour for the first 48 hours.
<input type="checkbox"/>	Flap Checks	T+2;N, Routine, q4h(std) For 4 day, Special Instructions: Hand held doppler checks and color checks every 4 hours thru POD 5.
<input type="checkbox"/>	Indwelling Urinary Catheter Insert-Follow Removal Protocol	T;N, Routine, once, Reason: Intraoperative for prolonged surgery, Special Instructions: to closed gravity drainage. Place in OR after induction of anesthesia.
<input type="checkbox"/>	Elevate Head Of Bed	T;N, Special Instructions: Beach chair position, knees flexed. May use microturns to relieve pressure and prevent pressure ulcer formation
<input type="checkbox"/>	Incentive Spirometry NSG	T;N, Routine, q1h-Awake.
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N, Room temperature 72-75 degrees F
<input type="checkbox"/>	Nursing Communication	T;N, No tobacco or nicotine products.
<input type="checkbox"/>	Nursing Communication	T;N, Monitor for bupivacaine (Exparel) toxicity-signs include dizziness, lightheadedness, blurred vision, ringing/buzzing in ears, metal taste, numbness and/or tingling around the mouth, fingers or toes, drowsiness or confusion.
Respiratory Care		
<input type="checkbox"/>	Oxygen Saturation-continuous Monitoring (RT)	T;N, Special Instructions: Continuous Monitoring while on PCA
Continuous Infusion		
<input type="checkbox"/>	D5 1/2 NS KCL 20 mEq/L	1000mL, IV, Routine, 125 mL/hr, (for 24 hr)
<input type="checkbox"/>	Lactated Ringers	1000mL, IV, Routine, 125 mL/hr, (for 24 hr)
Medications		
<input type="checkbox"/>	acetaminophen	975mg, Tab, PO, q6h, Pain, Mild (1-3), Routine, Order Comments: May give Per Rectum or Per Tube. PO route preferred.
<input type="checkbox"/>	acetaminophen	975mg, LIQ, Tube, q6h, Pain, Mild (1-3), Routine, Order Comments: Give if unable to tolerate PO.
<input type="checkbox"/>	acetaminophen	650mg, Supp, PR, q6h, Pain, Mild (1-3), Routine, Order Comments: Give if unable to tolerate PO or Tube.
<input type="checkbox"/>	oxyCODONE	5mg, Tab, PO, q4h, PRN Pain, Moderate (4-7)





Plastic Surgery Breast Free Flap POD 0 Plan

attach patient label

[X or R] = will be ordered unless marked out.

Medications continued		
Note: For SEVERE pain choose ONE medication below:		
<input type="checkbox"/>	oxyCODONE	10mg, Tab, PO, q4h, PRN Pain, Severe (8-10)
<input type="checkbox"/>	HYDROmorphone	0.5mg, Injection, IV Push, Q4h, PRN Pain, if pain unrelieved by PO. Severe (8-10), Routine, (for 2 doses). DO NOT START PCA UNTIL AFTER TWO DOSES OF HYDROmorphone.
<input type="checkbox"/>	Nursing Communication	T;N, If PCA is ordered do not start until after two doses of HYDROmorphone IV Push have been administered.
<input type="checkbox"/>	PCA - MorPHINE Protocol Plan (Adult)	
<input type="checkbox"/>	PCA - HYDROmorphone Protocol Plan (Adult)	
<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, PR, Qday, PRN constipation, Routine
<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 120kg.
Note: If patient greater than 120kg, give dose below:		
<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 or greater.
<input type="checkbox"/>	VTE Surgical Prophylaxis Plan	
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, change in flap color or flap signal: the service/on call resident to be notified first with 911 at end of call back number. If they do not call back in 10 minutes, the microsurgery attending MUST be contacted.

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