Physician Orders ADULT: Brachytherapy Preop Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: Brachytherapy Preop Phase, When to Initiate:_____________________

Brachytherapy Preop Phase
Non Categorized
☑ Pre Op Diagnosis/Reason

Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  T;N Admitting Physician: _______________________________
  Reason for Visit: _______________________________
  Bed Type: _______________________________ Specific Unit: _______________________________
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient
  T:N Attending Physician: _______________________________
  Reason for Visit: _______________________________
  Bed Type: _______________________________ Specific Unit: _______________________________
  Outpatient Status/Service: Ambulatory Surgery

Vital Signs
☐ Vital Signs
  Monitor and Record T,P,R,BP, q8h(std)

Activity
☐ Activity As Tolerated

Food/Nutrition
☐ NPO
☐ NPO after midnight
  T;2359

Patient Care
☐ Op Permit
  Procedure: Place radioactive seeds into prostate using ultrasound and Xray guidance.  Look in bladder with lighted scope.

☐ Preop Meds Per Anesthesia

Medications
☐ +1 Hours acetaminophen
  975 mg, PO, OnCall, (for 1 dose )
  Comments: On Call to O.R.

☐ +1 Hours ceFAZolin
  1 g, Injection, IV Push, N/A, Routine, (for 1 dose )
  Comments: Give 1 hour prior to scheduled OR time.

☐ gentamicin
  80 mg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose )
  Comments: Give 1 hour prior to scheduled OR time.

☐ +1 Hours ceTTRIAXone
  1 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose )
  Comments: Give 1 hour prior to scheduled OR time.

Laboratory
NOTE: order lab procedures below, if not ordered in PAW(NOTE)*
☐ CBC
  Routine, T;N, once, Type: Blood
☐ BMP

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- Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
  - Routine, T;N, once, Type: Urine, Nurse Collect
- Urine Culture
  - Routine, T;N, Specimen Source: Urine, Nurse Collect

**Diagnostic Tests**

- NOTE: if not done previously, complete order below:(NOTE)*
- EKG
  - Start at: T;N, Priority: Routine

**Consults/Notifications/Referrals**

- Notify Physician—Once
  - Notify For: room number upon arrival to unit
- Consult Physician Group
  - Group: Medical Anesthesia Group, Reason for Consult: Regional Block

__________________   _______________   ______________________________________  __________

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