Methodist SM
Le Bonheur Healthcare

Physician Orders ADULT: Brachytherapy Postop Plan

Initiate Powerplan Phase
Care Sets/Protocols/PowerPlans

☑ Initiate Powerplan Phase
Phase: Brachytherapy Postop Phase, When to Initiate:_____

Brachytherapy Postop Phase
Admission/Transfer/Discharge

☐ Return Patient to Room
☐ Transfer Pt within current facility
☐ Patient Status Change
☐ Discharge When Meets Same Day Criteria
☐ Notify Physician-Once
Notify For: room number upon arrival to unit

Vital Signs

☐ Vital Signs
Monitor and Record T,P,R,BP, q30min, For 2 occurrence, then q1h x 2 occurrence, then q4h x 24 hr, then q8h

Activity

☐ Activity As Tolerated

Food/Nutrition

☐ Advance Diet As Tolerated

Patient Care

☐ Check Void
Routine

☐ Ice Pack Apply
Incision Site Perineum, Ice Pack

☐ Discharge Instructions
appointment with physician 7-10 days

Medications

☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine

☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

☐ **+1 Hours** prochlorperazine
10 mg, Injection, IM, q6h, PRN Nausea/Vomiting
Comments: Give if no IV access.

☐ **+1 Hours** prochlorperazine
5 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting

☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine
Comments: Give Zofran first.

NOTE: If no history of Peptic Ulcer Disease or GI Bleed or Renal Insufficiency complete Ketorolac orders below:(NOTE)*

☐ **+1 Hours** ketorolac
30 mg, Injection, IM, q6h, Routine, (for 72 hr)

☐ **+1 Hours** ketorolac
30 mg, Injection, IV Push, q6h, Routine, (for 72 hr)

NOTE: If patient is greater than 65 years of age or weight less than 50 kg, order Ketorolac below:(NOTE)*

☐ **+1 Hours** ketorolac
15 mg, Injection, IM, q6h, Routine, (for 72 hr)

☐ **+1 Hours** ketorolac
15 mg, Injection, IV Push, q6h, Routine, (for 72 hr)

Physician Orders ADULT: Brachytherapy Postop Plan

_____ _____ _____ _____
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