Physician Orders ADULT: ONC Heated Intraperitoneal Chemotherapy (HIPEC) Postop Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: HIPEC Postop Phase, When to Initiate: When pt returns to room post procedure

HIPEC Postop Phase
Admission/Transfer/Discharge
☐ Return Patient to Room
☐ Transfer Pt within current facility
☐ 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, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services
☐ Notify Physician-Once
  Notify: Physician, Notify For: Notify of room number upon arrival to unit

Vital Signs
☐ Vital Signs
  Monitor and Record Pulse, Resp Rate, Blood Pressure, q 30min x2, then q 1hr x 2, then q 4hr x6
  (POD #0)
☐ Oxygen Sat Monitoring NSG
  q 30 min x 2, then q 1hr x 2, then q 4hr x 6 (POD #0)
☐ Vital Signs
  Monitor and Record Temp, on admission to unit and q 4hr
☐ Vital Signs
  Monitor and Record T,P,R,BP, q4h(std), and PRN (Day 2-Discharge), T+1;N

Activity
☐ Dangle At Bedside
  Twice per shift
☐ Up To Chair
  tid
☐ Ambulate
  tid, in the hallway

Food/Nutrition
☐ Nursing Communication
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Pt to chew gum Postop Day #0 for 30 mins TID

☐ NPO
  ☐ Instructions: No exceptions (DEF)
  ☐ Instructions: NPO except for ice chips

☐ Clear Liquid Diet
☐ Advance Diet As Tolerated

Patient Care
  ☐ SCD Apply
    Apply to lower extremities
  ☐ Elevate Head Of Bed
    30 degrees
  ☐ Daily Weights
    QDay, Continue daily until discharged
  ☐ Mouth Care
  ☐ Remove Foley
    Morning after surgery if urinary output greater than 300 mL/8hr shift
  ☐ Nursing Communication
    Hook up SV monitoring device on arrival to floor
  ☐ Incentive Spirometry NSG
    q1h-Awake, 10 times per 1hr
  ☐ Intake and Output
    Routine, q4h(std), Record Intake & Output
  ☐ Cough and Deep Breathe
  ☐ Abdominal Binder Apply
  ☐ In and Out Cath
    PRN, If unable to void x 1
  ☐ Irrigate
    Nasogastric Tube, Routine, q4h(std)
  ☐ NGT
    Suction Strength: Low Intermittent
  ☐ NGT
    Do not reposition NG tube
  ☐ NGT
    Reposition NG if not draining
  ☐ Drain Care
    q8h(std), Empty and record JP output
  ☐ Dressing Care
    Action: Change, PRN, Change drain dressing

Respiratory Care
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☐ O2-Nasal Cannula
   *Routine, 2 L/min, Special Instructions: titrate to keep O2 sat equal to or greater than 92%*

Continuous Infusion
☐ D5W with NaCl 0.45%
   *1,000 mL, IV, Routine, 75 mL/hr*
☐ Lactated Ringers Injection
   *1,000 mL, IV, Routine, 75 mL/hr*

Medications
☐ +1 Hours famotidine
   *20 mg, Injection, IV Push, q12h, Routine
   *Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
☐ +1 Hours pantoprazole
   *40 mg, Injection, IV Push, QDay, Routine*

Laboratory
☐ CBC w/o Diff
   *Routine, T+1:0400, once, Type: Blood*
☐ Blood CX
   *Time Study, T+1;N, q5min x 2 occurrence*
☐ Hct
   *Routine, T+1:0400, once, Type: Blood*
☐ CMP
   *Routine, T+1:0400, Type: Blood*
☐ BMP
   *Routine, T+1:0400, once, Type: Blood*
☐ PT/INR
   *Routine, T+1:0400, once, Type: Blood*
☐ PTT
   *Routine, T+1:0400, once, Type: Blood*
☐ Type and Crossmatch PRBC
   *Routine, T+1:0400, Type: Blood*
☐ Hold PRBC
   *Routine, T+1:0400, Reason: On Hold for OR*
☐ Urinalysis w/Reflex Microscopic Exam
   *Routine, T+1:0400, Type: Urine, Nurse Collect*

Diagnostic Tests
☐ Chest 1VW Frontal
   *T:N, Routine, Portable*
☐ GI Upper W Sm Bowel W Mult Serial Films W/Delay Diet Plan(SUB)*
☐ CT Abdomen & Pelvis W/Cont Plan(SUB)*

Consults/Notifications/Referrals

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☐ Notify Physician-Continuing
   Notify For: if patient unable to void

☐ Notify Physician For Vital Signs Of
   Notify: Physician, BP Systolic > 170, BP Diastolic > 110, BP Systolic < 95, BP Diastolic < 55, Heart Rate > 110, Heart Rate < 60, Resp Rate > 24, Resp Rate < 10, Urine Output < 250 mL/8hrs

☐ Consult Wound Care Nurse
   Routine, Reason for Consult: Ostomy Evaluation

☐ PT Initial Evaluation and Treatment
   Special Instructions: Ambulation and Strengthening

☐ Consult Case Management
   Reason: Home Care

☐ Consult Nutritional Support Team
   Start at: T;N

☐ Consult Social Work
   Reason: Durable Medical Equipment (DME), or Nursing Home Placement

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