Physician Orders
Care Set: ENT Adult Post Op Orders
[X or R] will be ordered unless marked out.
T= Today; N = Now (date and time ordered)

Height: ___________ cm    Weight: __________kg
Allergies:
[ ] No known allergies
[ ] Medication allergy(s):
[ ] Latex allergy  [ ] Other:

Admission/Transfer/Discharge:
[ ] Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis: _____________________________________________________
Secondary Diagnosis: __________________________________________________

Vital Signs
[X] Vital Signs T;N, Monitor and Record T,P,R,BP, per postop routine
[ ] Nursing Communication T;N, major vision check q1h x 4hr postop ENT surgery

Activity
[ ] Out Of Bed (Activity As Tolerated) T;N
[ ] Bedrest w/BRP T;N

Food/Nutrition
[ ] Clear Liquid Diet Start at: T;N
[ ] Advance Diet As Tolerated T;N, Advance diet from clear liquid to soft as tolerated as rapidly as possible

Patient Care
[ ] Elevate Head Of Bed T;N, 35 degrees
[ ] Avoid (Do Not) T;N, Avoid Nose Picking or Blowing
[ ] Cold Apply T;N, For 8 hr, Nose, Ice Pack
[ ] Discharge Patient T;N, when fully reactive
[ ] Discharge Instructions T;N, soft diet, activity limited, medications
[ ] Intake and Output T;N
[ ] Cold Apply (Ice Pack Apply) T;N, PRN, ICE Collar, for aches and pain
[ ] Elevate Head Of Bed T;N, 30 -70 degrees
[ ] Dressing Care T;N, PRN, change drip pad when damp
[ ] Nursing Communication T;N, encourage PO fluids

Respiratory Care
[ ] Face Tent (Oxygen-Face Tent) T;N, Special Instructions: 40% with humidity

Continuous Infusions
[ ] potassium chloride (1/2NS in D5W KCl 10 mEq) 1000 mL,IV,Routine,T;N,____ mL/hr

Medications
[ ] acetaminophen-hydrocodone
  (acetaminophen-hydrocodone 500 mg-5 mg oral tablet)
[ ] morPHine 2 mg, Injection, IV push, q3h, PRN Pain, Severe (8-10), Routine, T;N
[ ] ondansetron 4 mg, Tab, PO, bid, PRN Nausea/Vomiting, Routine, T;N
NOTE:  For patients with PE Tubes in ears order the following:
[ ] ofloxacin otic (ofloxacin otic 0.3% solution) 5 drop, Otic Soin/Sus, Both Ears, bid, Routine, T;N

Laboratory
Diagnostic Tests
Consults/Notifications
[X] Notify Physician-Continuing T;N, Notify: surgeon, bleeding significant or if bleeding persists

Date        Time        Physician’s Signature        MD Number

*111*

20602 - ENT ADULT POST OP -QM-1008