



Physician Orders ADULT: Penile Prosthesis Preop Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: Penile Prosthesis Preop Phase, When to Initiate: _____

Penile Prosthesis Preop Phase

Non Categorized

- Pre Op Diagnosis/Reason

Admission/Transfer/Discharge

- 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

Activity

- Activity As Tolerated

Food/Nutrition

- NPO
*Start at: T;2359, Instructions: NPO except for medications
Comments: may have meds with sips of water*

Patient Care

- Op Permit
T;N, Procedure: Implantation Inflatable Penile Prosthesis
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
to be place while in pre-procedural area
- Preop Meds Per Anesthesia
T;N

Medications

Select Both Vancomycin and Gentamicin Below:(NOTE)*

- +1 Hours** acetaminophen
*975 mg, PO, OnCall
Comments: On Call to O.R.*
- vancomycin
*1 g, IV Piggyback, IV Piggyback, N/A, Routine, 1 hour prior to incision time
Comments: 1 hour prior to incision time*
- gentamicin
*1.5 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, (for 0, 1 hour prior to incision time
Comments: 1 hour prior to incision time*
- piperacillin-tazobactam





Physician Orders ADULT: Penile Prosthesis Preop Plan

3.375 g, IV Piggyback, IV Piggyback, N/A, Routine, 1 hour prior to incision time
Comments: 1 hour prior to incision time

Laboratory

NOTE: Order lab procedures below, if not ordered in PAW(NOTE)*

- CBC
Routine, T;N, once, Type: Blood
- BMP
Routine, T;N, once, Type: Blood
- Urinalysis
Routine, T;N, once, Type: Urine, Nurse Collect
- 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
- Physician Group Consult
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

