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 placed 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
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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