



Physician Orders ADULT: TURP/TURBT Preop Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: TURP/TURBT Preop Phase, When to initiate: _____

TURP/TURBT 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

- Notify Physician-Once
Notify For: room number upon arrival to unit

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, q-shift

Food/Nutrition

- NPO
Start at: T;2359
Comments: after midnight
If admitted on night before surgery, order regular diet below:(NOTE)*

- Regular Adult Diet

Patient Care

- Op Permit
T;N, Procedure: Look into bladder with lighted scope; trim out obstructing prostate
- Op Permit
T;N, Procedure: Look into bladder with lighted scope remove bladder tumor and biopsy bladder and/or prostate
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
to be placed while in pre-procedural area

Medications

- +1 Hours acetaminophen
975 mg, PO, OnCall
Comments: On Call to O.R.
- VTE Other SURGICAL Prophylaxis Plan(SUB)*
- Preop Meds Per Anesthesia





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- +1 Hours** T;N
cefTRIAxone
1 g, IV Piggyback, IV Piggyback, N/A, 1 hour prior to O.R.
Comments: 1 hour prior to O.R.
- +1 Hours** gentamicin
80 mg, IV Piggyback, IV Piggyback, N/A, Routine, (for 0, 1 hour prior to OR
Comments: 1 hour prior to OR

Laboratory

If not done previously complete orders below:(NOTE)*

- BMP
Routine, T;N, once, Type: Blood
- CBC
Routine, T;N, once, Type: Blood
- 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

If not done previously complete order below:(NOTE)*

- EKG
Start at: T;N, Priority: Routine

Consults/Notifications/Referrals

- 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

