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 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