Physician Orders ADULT: GYN ONC Adult Post Operative Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase
  ☐ T;N, Phase: GYN ONC Adult Post Operative Phase (DEF)*, When to Initiate: ____________________
  ☐ T;N, Phase: GYN ONC Adult Post Operative Phase, When to Initiate: When pt returns to room post procedure
  ☐ T;N, Phase: GYN ONC Adult Post Operative Phase, When to Initiate: When patient arrives in PACU

GYN ONC Adult Post Op Phase
Admission/Transfer/Discharge

☐ Return Patient to Room
  T;N

☐ Transfer Pt within current facility
  T;N

Vital Signs

☐ Vital Signs Per Unit Protocol
  T;N, per PACU protocol(PACU ORDER)

☐ Vital Signs
  T;N, Monitor and Record T,P,R,BP, q4h

Activity

☐ Bedrest
  T;N

☐ Ambulate
  T+1:0600, qid

Food/Nutrition

☐ NPO
  Start at: T;N, Instructions: NPO except for ice chips

☐ Clear Liquid Diet
  Start at: T;N, Adult (>18 years)

☐ Full Liquid Diet
  Start at: T;N, Adult (>18 years)

☐ GI Soft Diet
  Start at: T;N

☐ Regular Adult Diet
  Start at: T;N

☐ AHA Diet
  Start at: T;N, Adult (>18 years)
Low Residue Diet
  Start at: T;N

Consistent Carbohydrate Diet
  Start at: T;N, 1800 Calorie

Patient Care
- O2 Sat Monitoring NSG
  T;N
- Accucheck Nsg
  T;N, Routine, q6h(std) (DEF)*
  T;N, Routine, achs
- Accucheck Nsg
  T;N, aachs, once tolerating diet
- Intake and Output
  T;N, q4h(std), record intake and output (DEF)*
  T;N, q4h(std), record intake and output for 48 hrs
- Nursing Communication
  T;N, If urine output < 120mL/hr may bolus with 500mL NS IV - If no improvement, call physician
- Incentive Spirometry NSG
  T;N, q1h-Awake, At bedside instruct in use.
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
  T;N, Reason: s/p GYN or Genitourinary Tract Surgery, to bedside gravity drainage
- Nasogastric Tube
  T;N, to low intermittent suction

Respiratory Care
- O2-BNC
  T;N, 2 L/min

Continuous Infusion
- Lactated Ringers Injection
  1,000 mL, IV, 125 mL/hr
- Sodium Chloride 0.9%
  1,000 mL, IV, 125 mL/hr
- Sodium Chloride 0.45%
  1,000 mL, IV, 125 mL/hr
- D5LR KCl 20 mEq
  1,000 mL, IV, 125 mL/hr

Medications
- VTE Other SURGICAL Prophylaxis Plan(SUB)*
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- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin SENSITIVE Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*

+1 Hours acetaminophen
  650 mg, Tab, PO, q4h, PRN Headache
  Comments: Once tolerating diet or PO meds

+1 Hours naloxone
  0.4 mg, Injection, Subcutaneous, q5min, PRN Oversedation

+1 Hours enoxaparin
  40 mg, Injection, Subcutaneous, QDay

+1 Hours ondansetron
  4 mg, Injection, IV Push, q6h, PRN Nausea
  Comments: Give if unable to tolerate PO.

ondansetron
  8 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea
  Comments: once tolerating diet or PO meds

+1 Hours promethazine
  12.5 mg, Supp, PR, q4h, PRN Nausea (DEF)*
  Comments: Use if no response from ondansetron and unable to tolerate PO

  12.5 mg, Tab, PO, q4h, PRN Nausea
  Comments: Use if no response from ondansetron

+1 Hours LORazepam
  1 mg, Tab, PO, q6h, PRN Agitation (DEF)*
  Comments: once tolerating diet or PO meds

  1 mg, Injection, IV Push, q6h, PRN Agitation
  Comments: If unable to tolerate PO.

+1 Hours diphenhydrAMINE
  25 mg, Tab, PO, q6h, PRN Itching (DEF)*
  Comments: once tolerating diet or PO meds

  25 mg, Injection, IV Push, q4h, PRN Itching
  Comments: If unable to tolerate PO, start with 12.5 mg and repeat in 1 hour if no response

+1 Hours Chloraseptic Spray topical spray
  5 spray, Spray, PO, q2h, PRN throat pain

+1 Hours Cepacol Extra Strength Citrus 10 mg oral lozenge
  2 loz, Lozenge, PO, q2h, PRN throat pain

+1 Hours temazepam
  7.5 mg, Cap, PO, hs, PRN Insomnia
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Comments: May repeat in 1 hour if no response

☐ labetalol
  10 mg, Injection, IV Push, q2h, PRN Hypertension, Routine
  Comments: for SPB greater than 180 mmHg or DBP greater than 105 mmHg.

☐ +1 Hours hydrALAZINE
  10 mg, Injection, IV Push, q4h, PRN Hypertension
  Comments: for SPB greater than 180 mmHg or DBP greater than 105 mmHg. Give after labetalol if both ordered and labetalol ineffective after 2 hours.

Pain Medications

☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
☐ PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*
☐ +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
  Comments: Once tolerating diet or PO meds, MAY start with 1 tab and repeat x 1 dose.

Choose one PRN pain med for Severe (8-10) pain below:(NOTE)*

☐ +1 Hours morphine
  2 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)

☐ +1 Hours HYDROmorphine
  1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10)
  If no history of peptic ulcer disease, GI bleed, or renal insufficiency, complete Ketorolac order below(NOTE)*
  If age greater than or equal to 65 or weight less than 50kg, place Ketorolac 15mg order below, otherwise use 30mg dose(NOTE)*

☐ +1 Hours ketorolac
  30 mg, Injection, IV Push, once
  Comments: (PACU order)
  
☐ +1 Hours ketorolac
  15 mg, Injection, IV Push, once
  Comments: (PACU order)
  If age greater than or equal to 65 or weight less than 50kg, place Ketorolac 15mg order below, otherwise use 30mg dose(NOTE)*

☐ +1 Hours ketorolac
  30 mg, Injection, IV Push, q6h, (for 48 hr )

☐ +1 Hours ketorolac
  15 mg, Injection, IV Push, q6h, (for 48 hr )

Anti-infectives

Post Op antibiotics needed only if procedure lasted >4 hrs or major blood loss of >1500 mL(NOTE)*
  Give ceFAZolin 3G if patient weights greater than 120kg(NOTE)*

☐ +1 Hours ceFAZolin
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☐ 2 g, IV Piggyback, IV Piggyback, q8h, (for 1 dose ) (DEF)*
   Comments: time post op dose 8 hours after preop dose (2G dose for weight less than 120 kg)

☐ 3 g, IV Piggyback, IV Piggyback, q8h, (for 1 dose )
   Comments: time post op dose 8 hours after preop dose (3G dose for weight greater than 120Kg)

If colon is involved order below WITH ceFAZolin(NOTE)*

☐ +1 Hours metroNIDAZOLE
   500 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 1 dose )
   Comments: time post op dose 8 hours after preop dose

If documented beta-lactam allergy, place both antibiotic orders below:(NOTE)*

☐ +1 Hours clindamycin
   900 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 1 dose )
   Comments: time post op dose 8 hours after preop dose

☐ +1 Hours aztreonam
   2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 1 dose )
   Comments: time post op dose 8 hours after preop dose

Bowel/GI medications

☐ +1 Hours Al hydroxide/Mg hydroxide/simethicone
   30 mL, Oral Susp, PO, q4h, PRN Indigestion
   Comments: once tolerating diet or PO meds

☐ docusate
   100 mg, Cap, PO, bid
   Comments: Once tolerating diet or PO meds

☐ +1 Hours senna
   8.6 mg, Tab, PO, bid, tolerating diet or PO meds

☐ +1 Hours bisacodyl
   10 mg, Supp, PR, tid, PRN Constipation

☐ +1 Hours loperamide
   2 mg, Cap, PO, N/A, PRN Loose Stool
   Comments: Give after each loose stool up to a max of 16 mg/day

☐ +1 Hours metoclopramide
   10 mg, Tab, PO, achs (DEF)*
   Comments: if tolerating diet

☐ 10 mg, Injection, IV Push, q6h
   Comments: if NPO

☐ +1 Hours famotidine
   20 mg, Tab, PO, q12h (DEF)*
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☐ 20 mg, Injection, IV Push, q12h
   Comments: if unable to take PO

Laboratory
☐ CBC
   Routine, T+1;0400, once, Type: Blood
☐ BMP
   Routine, T+1;0400, once, Type: Blood
☐ Magnesium Level
   Routine, T+1;0400, once, Type: Blood
☐ Phosphorus Level
   Routine, T+1;0400, once, Type: Blood
☐ CMP
   Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals
☐ Notify Physician For Vital Signs Of
   T;N, BP Systolic > 180, BP Diastolic > 105, BP Systolic < 40, Celsius Temp > 38, Heart Rate > 120,
   Heart Rate < 60, Resp Rate > 30, Resp Rate < 8
☐ Cardiac Rehab Consult/Doctor Order
   T;N, Cardiac Rehab Phase I for ambulation
☐ Physical Therapy Initial Eval and Tx
   T;N, Routine, Special Instructions: for ambulation

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