



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)





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- ☐ 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, achs, 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

AND(NOTE)*

- ☐ **+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
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***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

