Physician Orders ADULT: UROL Radical Prostatectomy/Nephrectomy Postop Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑️ Initiate Powerplan Phase
   Phase: Radical Prostatectomy/Nephrectomy Postop Phase, When to Initiate: ____________

Radical Prostatectomy/Nephrectomy Postop
Admission/Transfer/Discharge
☐ Return Patient to Room
☐ Transfer Pt within current facility
☐ Notify Physician—Once
   Notify For: room number upon arrival to unit

Vital Signs
☑️ Vital Signs
   Monitor and Record Temp, For, q4h for 4 occurrences, then q8h
☐ Vital Signs
   Monitor and Record Blood Pressure Monitor and Record Resp Rate Monitor and Record Pulse, For, q2h for 8 occurrences, then q8h

Activity
☑️ Up To Chair
   T+1:0800, tid

Food/Nutrition
☑️ Advance Diet As Tolerated
☐ Clear Liquid Diet
☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
   Caloric Level: 1800 Calorie

Patient Care
☑️ Incentive Spirometry NSG
   Routine, q1h-Awake
☑️ Foley Care
   Routine
☐ IV Insert/Site Care
   Routine, q4day

Continuous Infusion
☐ Dextrose 5% with 0.45% NaCl
   1,000 mL, IV, Routine, 75 mL/hr
☐ Sodium Chloride 0.45%
   1,000 mL, IV, Routine, 75 mL/hr

Medications
☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
☐ PCA - HYDROMorphine Protocol Plan (Adult)(SUB)*
☐ +1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
   1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
☐ +1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
   2 tab, Tab, PO, q4h, Pain, Moderate (4-7), Routine
☐ +1 Hours ondansetron
   4 mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine
   Comments: Give first.
☐ +1 Hours prochlorperazine
   5 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting

* This protocol plan is intended for use in select institutions only. Please consult with your institution's protocol plan and guidelines before implementing it in your facility.
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Comments: Give if no response to ondansetron.

☐ +1 Hours prochlorperazine
  10 mg, Injection, IM, q6h, PRN Nausea/Vomiting
  Comments: Give no response to ondansetron. Give IM if no IV access.
  NOTE: If no history of Peptic Ulcer Disease or GI bleed or Renal Insufficiency complete orders below:(NOTE)*

☐ +1 Hours ketorolac
  30 mg, Injection, IV Push, q6h, Routine, (for 72 hr )

☐ +1 Hours ketorolac
  30 mg, Injection, IM, q6h, Routine, (for 72 hr )
  NOTE: If patient is greater than 65 years of age or weight less than 50 kg, order Ketorolac below.(NOTE)*

☐ +1 Hours ketorolac
  15 mg, Injection, IV Push, q6h, Routine, (for 72 hr )

☐ +1 Hours ketorolac
  15 mg, Injection, IM, q6h, Routine, (for 72 hr )

☐ +1 Hours ceFAZolin
  1 g, Injection, IV Push, q8h, Routine, (for 2 dose )
  Comments: Time first dose to be given 8 hours after pre-op dose.

☐ +1 Hours cefTRIAXone
  1 g, IV Piggyback, IV Piggyback, q24h, Routine, (for 1 dose )

Laboratory

☐ Hct
  Routine, T;N, once, Type: Blood
  Comments: in PACU

☐ Hct
  Routine, T+1;0400, once, Type: Blood

☐ BMP
  Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals

☐ Notify Physician For Vital Signs Of
  BP Diastolic > 100mmHg, BP Systolic < 100mmHg, Heart Rate > 100bpm, Urine Output < 120 mL/ 4 hrs

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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