Physician Orders ADULT: TURP/TURBT Postop Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: TURP/TURBT Postop Phase, When to Initiate:_______________

TURP/TURBT Postop Phase
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
☑ Activity As Tolerated

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

Patient Care
☐ Foley Care
   Routine, Foley to BSB, hand irrigate as needed until free of clots
☑ Incentive Spirometry NSG
   Routine, q1h-Awake
☐ IV Insert/Site Care
   Routine, q4day
☐ Irrigate
   Bladder, continuous irrigation to bladder, titrate to keep clear

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
☐ Glycine
   3,000 mL, IRR Soln, IRR, Irrigation Site: Bladder, Routine, Titrate
   Comments: Continuous irrigation to foley, titrate until clear.

Medications
☐ VTE Other SURGICAL Prophylaxis Plan(SUB)*
☐ +1 Hours belladonna-opium 16.2 mg-30 mg rectal suppository
   1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
☐ +1 Hours belladonna-opium 16.2 mg-60 mg rectal suppository
   1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
☐ +1 Hours ondansetron
   4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
☐ +1 Hours ondansetron
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4 mg, Injection, IM, q6h, PRN Nausea/Vomiting
Comments: Give if no IV access.

☐ +1 Hours ceFAZolin
   1 g, Injection, IV Push, q8h, Routine, (for 2 dose)

☐ +1 Hours cefTRIAXone
   1 g, IV Piggyback, IV Piggyback, q24h, Routine, (for 1 dose)
   NOTE: If allergic to cephalosporins, please choose the order below.(NOTE)*
   ciprofloxacin
   400 mg, IV Piggyback, IV Piggyback, q24h, Routine, (for 2 dose)

☐ 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, PRN Pain, Moderate (4-7), Routine

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 > 100, BP Systolic < 100, Heart Rate > 100, 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