



Physician Orders ADULT
Title: Spinal Disc/ Reconstruction Surgery Admit Plan

[R] = will be ordered
 T= Today; N = Now (date and time ordered)
 Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Uncategorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: Spinal Disc/ Reconstruction Surgery Admit Phase When to Initiate: _____
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Telemetry <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
NOTE to MD:		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.		
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, q8h(std)
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up As Tolerated
<input type="checkbox"/>	Ambulate	T;N, With Assistance
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;2359
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Lumbar disc/lumbar stenosis. "Operate on low back, remove tissue to free needed nerves as needed"
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Lumbar fusion " Operate on low back, fuse with bone graft from hip, local bone, screws, bone extenders, rods, plates or spacers as necessary"
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Cervical disc/fusion "Operate on neck, remove disc and other tissue to free nerves, fuse with bone from hip or bone bank, augment with cervical plate, screws as necessary"





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Patient Care (continued)		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Kyphoplasty " Operate on spine, biopsy, fracture-reduce and stabilize with balloons, bone, void filler or cement"
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Scoliosis Surgery "Operate on back, staighthen curves with rods, hooks or screws, fuse with bone from hip, local bone or bone extenders
<input type="checkbox"/>	Indwelling Urinary Catheter Insert - Follow Removal Protocol	T;N, Comment: To be placed while in Pre-Procedure area, Reason: _____ <input type="checkbox"/> Post-op surgery less than 24 hours ago, <input type="checkbox"/> Bladder outlet obstruction <input type="checkbox"/> Chronic hx indwell or suprapubic cath <input type="checkbox"/> Acute urinary retention <input type="checkbox"/> s/p Surg. on structure surround GU Tract, <input type="checkbox"/> s/p Urologic Surgery, <input type="checkbox"/> s/p Liver, Kidney or Pancreas Transplant, <input type="checkbox"/> s/p OB or GYN surgery, <input type="checkbox"/> Patient is sedated AND on vent, <input type="checkbox"/> Epidural in place <input type="checkbox"/> Cont. irrigation OR medication instilled, <input type="checkbox"/> Hospice or Terminal Care <input type="checkbox"/> 24 hr urine collection AND pt. incont <input type="checkbox"/> UOP monitored in critically ill pt, <input type="checkbox"/> Open sacral or peri wound w urine incont <input type="checkbox"/> Spinal fusion, scoliosis w/ prolong immobilization <input type="checkbox"/> SURG: prolonged duration expected <input type="checkbox"/> SURG: lg volume infusions/diuretics <input type="checkbox"/> SURG: urine output monitoring <input type="checkbox"/> SURG: bladder decompression
Continuous Infusions		
<input type="checkbox"/>	Lactated Ringers	1,000 mL,IV,Routine,T;N,75 mL/hr
Medications		
<input type="checkbox"/>	VTE SURGICAL Prophylaxis Plan	Print and Complete Separate Sheet (Form # 25006)
<input type="checkbox"/>	morPHINE	4 mg,Injection,IV push,once,Routine,T;N
<input type="checkbox"/>	docusate	100 mg,Cap,PO,qam,Routine,T;N
<input type="checkbox"/>	ceFAZolin	2 g, IV Piggyback, IV Piggyback, N/A, Routine, (1 dose) Comment: administer in holding area prior to surgery
Medications continued		
NOTE: If allergic to penicillin give:		
<input type="checkbox"/>	vancomycin	15mg/kg, IV Piggyback, IV Piggyback, N/A, routine, T;N (1 dose) , Comment: administer in holding area prior to surgery
<input type="checkbox"/>	moxifloxacin	400mg, IV Piggyback, IV Piggyback, N/A, routine, T;N (1 dose) Comment: administer in holding area prior to surgery
Laboratory		
NOTE: If not ordered previously on preadmission workup:		
<input type="checkbox"/>	CBC	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Type and Crossmatch PRBC	Routine, T;N, Special Needs: _____, Number of Units: _____ Type: Blood
<input type="checkbox"/>	Transfuse PRBC's - Not Actively Bleeding	Routine, T;N, Reason for Transfusion: _____, expected date of transfusion: _____, Number of Units Requested: 1 Unit
<input type="checkbox"/>	Transfuse PRBC's - Actively Bleeding	Routine, T;N, Reason for Transfusion: _____, expected date of transfusion: _____, Number of Units Requested: _____
<input type="checkbox"/>	Hold PRBC	Routine, T;N, Reason for Hold: _____ Number of units to Hold: _____



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Laboratory (continued)		
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Urinalysis	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam (GT and LEB)	T;N, Routine, once, Type: Urine, Nurse Collect
Diagnostic Tests		
NOTE: If not previously ordered on preadmission workup:		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Routine, Transport: Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Routine, Stretcher
<input type="checkbox"/>	Spine Lumbar 2/3VW	T;N, Routine, Stretcher
<input type="checkbox"/>	Spine Thoracic 2VW	T;N, Routine, Stretcher
<input type="checkbox"/>	Spine Cerv 2VW	T;N, Routine, Stretcher
<input type="checkbox"/>	Spine Cerv 4+ or 5 Views	T;N, Routine, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Consult MD	T;N, Internal Medicine
<input type="checkbox"/>	Consult MD	T;N

Date **Time** **Physician's Signature** **MD Number**