Physician Orders ADULT: Cesium Post Insertion Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase

Phase: Cesium Post Insertion Phase, When to Initiate: ______________________

Cesium Post Insertion Phase

Vital Signs
☐ Vital Signs

Activity
☐ Bedrest
  Strict
☐ Out Of Bed
  with assistance for first time after cesium is removed

Food/Nutrition
☐ Consistent Carbohydrate Diet
  Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting
  [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;
  Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
☐ Low Residue Diet
☐ Nursing Communication
  Juice at Bedside

Patient Care
☐ Nursing Communication
  Post Cesium insertion: Do not raise head of bed greater than 30 degrees
☐ Turn
  PRN, by positioning pillows underneath buttocks on left side then the right while being careful not to
dislodge the implant
☐ Radiation Precautions
  Cesium Precautions, may discontinue precautions once Cesium has been removed.
☐ Nursing Communication
  No linens removed from room until Cesium is removed
☐ Nursing Communication
  Change pad underneath patient daily and PRN after Cesium implant (DEF)*
☐ Nursing Communication
  Change pad underneath patient daily and PRN after Cesium implant
☐ Nursing Communication
  Check applicator placement post Cesium implant and document, q2h
☐ Nursing Communication
  If cesium is not removed by time specified, please call Radiation Oncology. If after hours, call
  physician oncall.
☐ Observe For
  Observe for excessive bleeding after Cesium is removed.
☐ Nursing Communication
  Sitz bath/ shower as desired after Cesium is removed.
☐ Douche
  Tap water douche X 1 after cesium removed
☐ Foley Care
  Remove foley cath after Cesium is removed.

Continuous Infusion
☐ +1 Hours Lactated Ringers Injection
  1,000 mL, IV, 100 mL/hr
☐ +1 Hours Sodium Chloride 0.45%
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1,000 mL, IV, 100 mL/hr

Medications

☑️ VTE MEDICAL Prophylaxis Plan(SUB)*
☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
☐ PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*
☐ +1 Hours loperamide
   2 mg, Cap, PO, q6h, PRN Loose Stool, Routine
☐ +1 Hours Fleet Enema
   133 mL, Enema, PR, once, PRN Constipation, 133 mL = Greater than 11 years

Laboratory

☐ CBC
   Time Study, T;1600, once, Type: Blood
   Comments: Day of insertion

☐ BMP
   Time Study, T;1600, once, Type: Blood
   Comments: Day of insertion

☐ CBC
   Time Study, T+1;1600, once, Type: Blood
   Comments: Post op day 1

☐ BMP
   Time Study, T+1;1600, once, Type: Blood
   Comments: Post op day 1

Consults/Notifications/Referrals

☐ Notify Physician-Once
   Notify For: of room number upon arrival to unit

Date Version

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