Physician Orders ADULT: Colon Surgery Pre Op Plan

Unique Plan Description: Colon Surgery Pre Op Plan
Plan Selection Display: Colon Surgery Pre Op Plan
Plan Type: Medical
Version: 1
Begin Effective Date: 10/23/2012 9:30 AM
End Effective Date: Current
Available at: Behav Health
FAYETTE
GERMANTOWN
MECH
NORTH
OLIVE BRANCH
SOUTH
UNIVERSITY

Plan Comment: #22011 - Built carenet orders 9-17-12 in TESTING VERSION for future go live date of 11-23-12.mt10.22.12 added medications per Melinda email 10.22.12 F.W. 10-23-12 ACTIVATED IN PROD.mt 4-9-13 Foley insert order added per CR 3467.mt 5-15-13 MOBH added to VV per Annelise/CB request.mt

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
T;N, Phase: Colon Surgery Pre Op Phase, When to Initiate:_______________________

Colon Surgery Pre Op Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
T;N Admitting Physician: ___________________________ Specific Unit:
Reason for Visit:___________________________________________________________
Bed Type: _______________________________ Anticipated LOS: 2
midnights or more
Care Team: _______________________________ Anticipated LOS: 2

Vital Signs
☐ Vital Signs
T;N, Monitor and Record T,P,R,BP, q4h(std)

Food/Nutrition
☐ NPO
Start at: T;N, Instructions: NPO except for medications

Patient Care
☐ Instruct/Educate
T;N, Instruct: Patient and Family, Topic: General Surgery
☐ Consent Signed For
T;N
☐ Indwelling Urinary Catheter Insert-Follow Removal Protocol
T;N, to be placed while in pre-procedural area

Nursing Communication
Physician Orders ADULT: Colon Surgery Pre Op Plan

☑ Nursing Communication
   T;N, Verify current H&P on chart

Medications
☐ +1 Hours ertapenem
   1 g, Injection, IV Piggyback, once, STAT
   Comments: start no earlier than one hour prior to incision time

OR(NOTE)*
☐ ceFAZolin and MetroNIDAZOLE Combination Plan(SUB)*
   If penicillin or cephalosporin allergy, order both antibiotics below. If specific allergy to
   Ceftazidime, do not give Aztreonam and replace Aztreonam with separate one time order
   for Ciprofloxacin 400mg IV start no earlier than TWO hours prior to incision time(NOTE)*
☐ +1 Hours clindamycin
   600 mg, IV Piggyback, IV Piggyback, once
   Comments: start no earlier than one hour prior to incision time

AND(NOTE)*
☐ +1 Hours aztreonam
   2 g, IV Piggyback, IV Piggyback, once
   Comments: start no earlier than one hour prior to incision time

Laboratory
Note: Do not order labs below if tests have already been completed prior to date of
admission.(NOTE)*
☐ CBC
   Routine, T;N, once, Type: Blood
☐ BMP
   Routine, T;N, once, Type: Blood
☐ Urinalysis w/Reflex Microscopic Exam
   Routine, T;N, once, Type: Urine, Nurse Collect
☐ Urinalysis
   Routine, T;N, once, Type: Urine, Nurse Collect
☐ Nursing Communication
   T;N, If blood products are given, place order for STAT Hct____hrs after
   transfusion is complete

Diagnostic Tests: Include Reason for Exam
☐ Electrocardiogram
   Start at: T;N, Priority: Routine, Reason: Other, specify
   Comments: Reason for Exam: Preop colon surgery
☐ Chest 2VV Frontal & Lat
   T;N, Reason for Exam: Pre Op, Routine, Stretcher

Consults/Notifications/Referrals
☐ Physician Group Consult
   T;N, Group: Medical Anesthesia Group, Reason for Consult: General Surgery
☐ Consult Wound Care Nurse
   T;N, Reason for Consult: Other, Specify in Comments, Special Instructions: for
   possible ostomy care and teaching
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☑ Notify Physician-Once
   T:N, Notify: Anesthesia, if patient has not received prescribed beta blocker within last 24 hours.

Date              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