



Physician Orders ADULT: Gynecology Surgery Postop Plan

Initiate Orders Phase

Admission/Transfer/Discharge

- ☐ Return Patient to Room
T;N
- ☐ Transfer Pt within current facility

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Gynecology Surgery Postop Phase, When to Initiate: _____

Gynecology Surgery Postop Phase

Vital Signs

- ☒ Vital Signs Per Unit Protocol

Food/Nutrition

- ☐ NPO
Instructions: NPO except for medications
- ☐ Clear Liquid Diet
Start at: T;N
- ☒ Advance Diet As Tolerated
- ☐ Regular Adult Diet
- ☐ Consistent Carbohydrate Diet
Caloric Level: 1800 Calorie

Patient Care

- ☐ In and Out Cath
PRN
- ☒ Incentive Spirometry NSG
teach use prior to OR
- ☒ Dressing Care
Leave surgical dressing in place for at least 24 hours postop.
- ☐ Nursing Communication
Discontinue IV when tolerating PO
- ☐ Nursing Communication
Discontinue INT when tolerating PO
- ☒ Bedside Glucose Nsg
Routine, POD # 1 and maintain less than or equal to 140 on high risk patients with BMI greater than or equal to 30 and age greater than or equal to 45
- R O2 Sat Monitoring NSG
on admission

Continuous Infusion

- ☐ Lactated Ringers Injection
1,000 mL, IV, Routine, 125 mL/hr
- ☐ Dextrose 5% in Lactated Ringers Injection
1,000 mL, IV, Routine, 125 mL/hr

Medications

- ☐ VTE Other SURGICAL Prophylaxis Plan(SUB)*
- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*
- ☐ Insulin STANDARD Sliding Scale Plan(SUB)*
- ☐ Insulin RESISTANT Sliding Scale Plan(SUB)*
- ☐ **+1 Hours** ceFAZolin





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- ☐ 2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 dose), [Less than 120 kg] (DEF)*
Comments: To be given 8 hours after pre-op dose.

- ☐ 3 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 dose), Greater than 120 kg]
Comments: To be given 8 hours after pre-op dose.

If patient is beta-lactam allergic, place ONE of the med orders below:(NOTE)*

- ☐ **+1 Hours** clindamycin
900 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 2 dose)
Comments: To be given 8 hours after pre-op dose.

OR(NOTE)*

- ☐ **+1 Hours** metroNIDAZOLE
500 mg, IV Piggyback, IV Piggyback, q8h, (for 1 dose)
Comments: Change to: To be given 8 hours after pre-op dose

- ☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*

- ☐ PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*

Choose one medication for PRN Severe (8-10) Pain Below:(NOTE)*

- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine

- ☐ **+1 Hours** HYDROmorphine
0.5 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine
Choose one medication for PRN Moderate (4-7) Pain Below(NOTE)*

- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, Pain, Moderate (4-7), Routine

- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
Choose one medication for PRN Mild (1-3) Pain Below(NOTE)*

- ☐ **+1 Hours** naproxen
500 mg, Tab, PO, q12h, PRN Pain, Mild (1-3)

Ketorolac Contraindicated for Labor and Lactation. If no history of peptic ulcer disease, GI bleed, or renal insufficiency, complete Ketorolac order below.(NOTE)*

- ☐ **+1 Hours** ketorolac
- ☐ 15 mg, Injection, IV, q6h, PRN Pain, Mild (1-3), Routine, [Greater than or equal to 65 years] (DEF)*
 - ☐ 15 mg, Injection, IV, q6h, PRN Pain, Mild (1-3), Routine, [Less than 50 kg]
 - ☐ 30 mg, Injection, IV, q6h, PRN Pain, Mild (1-3), Routine, [Less than 65 year and greater than 50 kg]

- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q6h, PRN Mild Pain or Fever, Routine
Comments: PRN temp greater than 38 degC

- ☐ **+1 Hours** simethicone
160 mg, Chew tab, PO, qid, PRN Gas, Routine, (2 X 80 mg)

- ☐ **+1 Hours** magnesium hydroxide
30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine

- ☐ **+1 Hours** docusate
100 mg, Cap, PO, bid, PRN Constipation, Routine, (Offer first for constipation)

- ☐ **+1 Hours** bisacodyl
10 mg, Supp, PR, bid, PRN Constipation, Routine, (Unrelieved by Docusate)
Comments: Unrelieved by Docusate

- ☐ **+1 Hours** prochlorperazine





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- ☐ **+1 Hours** ondansetron
5 mg, Injection, IV Push, q6h, PRN Nausea, (Offer first for nausea)
- ☐ **+1 Hours** zolpidem
4 mg, Injection, IV, q6h, PRN Nausea/Vomiting, Routine
Comments: (Unrelieved by Prochlorperazine)
- ☐ **+1 Hours** zolpidem
5 mg, Tab, PO, hs, PRN Insomnia

Laboratory

- ☒ Hct
Routine, T+1;0400, Type: Blood
- ☐ CBC w/o Diff
Routine, T+1;0400, Type: Blood
- ☐ CBC
Routine, T+1;0400, Type: Blood
- ☒ BMP
Routine, T+1;0400, Type: Blood
- ☐ CMP
Routine, T+1;0400, Type: Blood

Date	Time	Physician's Signature	MD Number
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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 order
 R-Required order

