



attach patient label here

Physician Orders ADULT
Order Set: Colon Surgery Post Op Plan

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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: _____		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: Colon Surgery Post Op Phase, When: _____
Admission/Transfer/Discharge		
<input type="checkbox"/>	Vital Signs	T;N, T,P,R,BP, q30 min x 2, q1h x 3, then q 4h
Activity		
<input type="checkbox"/>	Bedrest w/BRP	T;N
<input type="checkbox"/>	Dangle at Bedside	T;N, q shift
<input type="checkbox"/>	Out of Bed	T;N, Up to chair, _____ times per day
<input type="checkbox"/>	Ambulate	T;N, _____ times per day
Food/Nutrition		
<input type="checkbox"/>	NPO	
<input type="checkbox"/>	Clear Liquid Diet	T+1, 0700 Comment: Start POD1
Patient Care		
<input type="checkbox"/>	Incentive Spirometer NSG	T;N, q2h-awake
<input type="checkbox"/>	Intake and Output	T;N, Routine, q8 hr, and record
<input type="checkbox"/>	Intake and Output	T;N, Routine, PRN and record
<input type="checkbox"/>	Nasogastric Tube	T;N, Suction Strength: Low Intermittent
<input type="checkbox"/>	Nasogastric Tube	T;N, q4h, Action type: Irrigate
<input type="checkbox"/>	Nasogastric Tube	T;N, Comment: Do not reposition Nasogastric tubing
<input type="checkbox"/>	Nasogastric Tube	T;N, Comment: Reposition Nasogastric tubing if not draining
<input type="checkbox"/>	Dressing Care	T;N, Routine, Action: Change, PRN Comment: May change dressing PRN AFTER original surgical dressing has been changed
Note: If Unable to void choose one of the following orders		
<input type="checkbox"/>	Catheterize In/Out	T;N, q6h PRN if unable to void, after Foley has been discontinued. May reinsert if unable to void after three I/O
<input type="checkbox"/>	Indwelling Urinary Catheter Insert	T;N, Reason: _____ Comment: to bedside gravity
<input type="checkbox"/>	Indwelling Urinary Catheter Care	T;N, Routine, Comment: to bedside gravity drainage
<input type="checkbox"/>	Indwelling Urinary Catheter Remove	T;N+48h Routine Comment: "per protocol"
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula	T;N, Routine, 2L/min, Comment: titrate to keep O2 Sat greater than or equal to 92%
Continuous Infusions		
<input type="checkbox"/>	Dextrose 5% in sodium chloride 0.45%	1000 mL, IV, Routine, T;N, 60 mL/hr
<input type="checkbox"/>	Dextrose 5% in sodium chloride 0.45% with 20mEq KCL	20mEq / 1000 mL, IV, Routine, T;N, 60 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, Routine, T;N, 20mL/hr, TKO
<input type="checkbox"/>	Lactated Ringers	1,000 mL, IV, Routine, T;N, 20mL/hr, TKO
NOTE: Choose one PCA medication below if needed		
<input type="checkbox"/>	PCA-MorPHINE Protocol Plan (Adult) (Form # 23021 See Separate Sheet)	
<input type="checkbox"/>	PCA-HYDROmorphine Protocol Plan (Adult) (Form # 23021 See Separate Sheet)	



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Medications	
<input type="checkbox"/>	VTE SURGICAL Prophylaxis Plan (Form # 25006 -see separate sheet)
	NOTE: If patient taking Beta Blocker at home, Order Beta Blocker Below
	NOTE: For patient not allergic and able to take po medications, place oral Beta Blocker order below
<input type="checkbox"/>	metoprolol 12.5 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	metoprolol 25 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	metoprolol 50 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	metoprolol 100 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	atenolol 25 mg, Tab, PO, QDay, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	atenolol 50 mg, Tab, PO, QDay, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	atenolol 100 mg, Tab, PO, QDay, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	carvedilol 3.125 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	carvedilol 6.25 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	carvedilol 12.5 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	carvedilol 25 mg, Tab, PO, BID, Start T+1;N, Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
	NOTE: For patient not allergic and unable to take po medications, place intravenous metoprolol order
<input type="checkbox"/>	metoprolol 2.5 mg, Injection, IV Push, Once, STAT Comment: Hold for SBP less than 110 mm Hg, HR less than 50 BPM
<input type="checkbox"/>	ketorolac 15mg, Injection, IV Push, q6h, Routine, T;N (for 48 hr)
<input type="checkbox"/>	ketorolac 30mg, Injection, IV Push, q6h, Routine, T;N (for 48 hr)
<input type="checkbox"/>	famotidine 20mg, Tab, PO, q12h, Routine, T;N Comment: Change to Q24h if CrCl < 50mL/min
<input type="checkbox"/>	famotidine 20mg, injection, IV Push, q12h, Routine, T;N Comment: Change to Q24h if CrCl < 50mL/min
<input type="checkbox"/>	MorPHINE 2mg, injection, IV Push, q4h, Routine, T;N, PRN, pain, moderate (4-7)
<input type="checkbox"/>	MorPHINE 4mg, injection, IV Push, q4h, Routine, T;N, PRN, pain, severe (8-10)
<input type="checkbox"/>	HYDROmorphone 0.5mg, injection, IV Push, q2h, Routine, T;N, PRN, pain, moderate (4-7)
<input type="checkbox"/>	HYDROmorphone 1mg, injection, IV Push, q2h, Routine, T;N, PRN, pain, severe (8-10)
<input type="checkbox"/>	acetaminacetaminophen-OXYcodone 325mg-5mg oral tablet 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, T;N
<input type="checkbox"/>	ondansetron 4mg injection, IV push, q6h, PRN, Nausea, Routine, T;N
<input type="checkbox"/>	Laxative of Choice Orders Plan (see orders below)
	magnesium hydroxide 30 mL, Liq, PO, Qday, PRN Constipation
	bisacodyl 5 mg, DR Tablet, PO, Qday, PRN



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Medications (continued)		
<input type="checkbox"/>	Antacid of choice	T;N
<input type="checkbox"/>	acetaminophen	650mg, Tab, PO, q4h, PRN, Other Specify in Comment, Comment: pain or temp. greater than 38.2, Routine, T;N
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Cap, PO, q6h, PRN itching, Routine, T;N
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Injection, IV Push q6h, PRN itching, Routine, T;N
Antibiotics		
NOTE: If Ertapenem was given pre-op, no post-op antibiotics are needed		
<input type="checkbox"/>	ceFAZolin and metronIDAZOLE Combination Plan	
	ceFAZolin	2 g, IV Piggyback, IV Piggyback, Once T;N Comment: time dose 8 hours after previous dose
AND		
	metronIDAZOLE	500mg, IV Piggyback, IV Piggyback, Once T;N Comment: time dose 8 hours after previous dose
NOTE: 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, 8 hours after previous dose.		
<input type="checkbox"/>	clindamycin	600mg, IV Piggyback, IV Piggyback, Once T;N Comment: time dose 8 hours after previous dose
AND		
<input type="checkbox"/>	aztreonam	2 g, IV Piggyback, IV Piggyback, Once T;N Comment: time dose 8 hours after previous dose
Laboratory		
<input type="checkbox"/>	CBC	T+1; 0400, once, Type: Blood
<input type="checkbox"/>	CMP	T+1; 0400, once, Type: Blood
<input type="checkbox"/>	BMP	T+1; 0400, once, Type: Blood
<input type="checkbox"/>	PT/INR	T+1; 0400, once, Type: Blood
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, if SBP>170, DBP>110, SBP<95, DBP<55, HR>110, HR<60, RR>24, RR<10, Temp>38.4, Urine Output<250mL in 8h
<input type="checkbox"/>	Physician Consult	T;N
<input type="checkbox"/>	Physician Consult	T;N
<input type="checkbox"/>	Consult Wound Care Nurse	T;N, Routine, Reason for Consult: ostomy care and teaching

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