



Physician Orders

Care Set: Percutaneous Tracheostomy Postop Orders

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Medication allergy(s): _____

Latex allergy Other: _____

Admission/Transfer/Discharge

- Return Patient to Room T;N
- Transfer Patient T;N
- Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Show order as pre-checked [x], required [R] or unchecked [].

Vital Signs

- Vital Signs T;N, Monitor and Record Pulse Monitor and Record Resp Rate Monitor and Record Blood Pressure, q30min, For 2 occurrence, then q1h X 2 occurrence, then q4h X 24 hours
- Vital Signs T;N, Monitor and Record Temp, q4h(std), For 24 hr, upon arrival
- Vital Signs T+1;N, Monitor and Record T,P,R,BP, q8h(std)

Activity

- Elevate Head Of Bed T;N, 30 degrees If hemodynamically stable
- Bedrest T;N
- Bedrest w/BRP T;N

Food/Nutrition

- NPO Start at: T;N

Patient Care

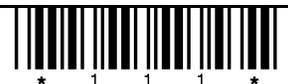
- Nasogastric Tube T;N, Suction Strength: Low Intermittent
- Nasogastric Tube T;N, Clamp, Suction Strength: Low Intermittent
- Nasogastric Tube T;N, q2h(std), Flush, Suction Strength: Low Intermittent
- Nasogastric Tube T;N, PRN, Flush
- Trach Care T;N, Do not place pillow under patients head
- Trach Care T;N, Place obturator at head of bed
- Trach Care T;N, keep same size Trach and smaller size trach at bedside
- Trach Care T;N, q8h
- Suction Patient T;N, q2h(std), Trach
- Suction Patient T;N, PRN, Trach
- Wound Drain Care (Drain Care) T;N, q8h(std), Record drainage
- Wound Drain Care (Drain Care) T;N, PRN, Record drainage

Respiratory Care

- Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT)) T;N
- Trach W/Oxygen (Trach Collar) T;N, 40 %, Special Instructions: titrate to keep SpO2 =/> 92%

Medcations Continuous IV Fluids

- Sodium Chloride 0.9% 1,000 mL, IV, Routine, 75 mL/hr
- potassium chloride (sodium chloride 0.9% KCl 20 mEq) 1,000 mL, IV, Routine, 75 mL/hr
- Dextrose 5% with 0.45% NaCl 1,000 mL, IV, Routine, 75 mL/hr
- potassium chloride (Dextrose 5% NaCl 0.45% KCl 20 mEq) 1,000 mL, IV, Routine, 75 mL/hr
- Dextrose 5% in Water 1,000 mL, IV, Routine, T;N, 75 mL/hr
- D5W KCl 20 mEq 1,000 mL, IV, Routine, 75 mL/hr





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Medications-Analgesics	
<input type="checkbox"/>	MorPHINE PCA Protocol Orders
<input type="checkbox"/>	Hydromorphone PCA Protocol Orders
<input type="checkbox"/>	Adult Patient Controlled Analgesia Order (Adult Patient Controlled Analgesia Orders)
<input type="checkbox"/>	morPHINE 2 mg, Injection, IV Push, q2h, PRN Pain, Breakthrough, Routine
Medications-Antibiotics	
<input type="checkbox"/>	cefazolin 1 g, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose)
<input type="checkbox"/>	vancomycin 1 g, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose)
<input type="checkbox"/>	metronidazole 500 mg, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose)
Laboratory	
<input type="checkbox"/>	CBC T+1;0400,Routine,once,Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP) T+1;0400,Routine,once,Type: Blood
<input type="checkbox"/>	Respiratory Culture and Gram Stain T+1;0400,Routine,Specimen Source: Sputum,Nurse Collect,Method: Aspirate
Diagnostic Tests	
<input type="checkbox"/>	Chest 1VW Frontal T;N,Reason for Exam: Other, Enter in Commemts,Other reason: Post Trach,Routine,Portable
	Electrocardiogram (EKG) Start at: T;N, Priority: Routine, Reason: Other, specify, post trach
<input type="checkbox"/>	Pharyngeal & Speech Eval by Speech Thera (Pharyngeal & Speech Eval by Speech Therapy) T;N
<input type="checkbox"/>	Pharyngeal & Speech Eval by Speech Thera (Pharyngeal & Speech Eval by Speech Therapy) T;N
Consults/Notifications	
<input type="checkbox"/>	Physician Consult (Consult MD) T;N
<input type="checkbox"/>	Speech Therapy Initial Eval and Tx (ST Initial Evaluation and Treatment) T;N
<input type="checkbox"/>	Case Management Consult (Consult T;N, Reason: Discharge Planning Case Management)
<input type="checkbox"/>	Clin Spec Adult Pulmonary Consult (Adult Pulmonary Clin Spec Consult) T;N
<input type="checkbox"/>	Notify Physician-Once T;N, procedure is complete to get further orders
<input type="checkbox"/>	Notify Service Resident T;N, Notify: ICU Service, when procedure is complete to get further orders
<input type="checkbox"/>	Notify Physician For Vital Signs Of T;N, BP Systolic > 170 mmHg, BP Diastolic > 110 mmHg, BP Systolic < 95 mmHg, BP Diastolic < 55 mmHg, Heart Rate > 110 bpm, Heart Rate < 60 bpm, Resp Rate > 24 br/min, Resp Rate < 10 br/min, Urine Output < 250 mL/ 8 hr

Date

Time

Physician's Signature

MD Number