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

[X] 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
[X] Vital Signs T;N, Monitor and Record Temp, q4h(std), For 24 hr, upon arrival
[X] 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
[X] Trach Care T;N, Place obturator at head of bed
[X] Trach Care T;N, keep same size Trach and smaller size trach at bedside
[X] Trach Care T;N, q8h
[X] Suction Patient T;N, q2h(std), Trach
[X] Suction Patient T;N, PRN, Trach
[X] Wound Drain Care (Drain Care) T;N, q8h(std), Record drainage
[X] Wound Drain Care (Drain Care) T;N, PRN, Record drainage

Respiratory Care

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

Medications 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

PULM Percutaneous Tracheostomy Postop - 21705-QM1108
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Medications-Analgesics

- MorPHINE PCA Protocol Orders
- Hydromorphone PCA Protocol Orders
- Adult Patient Controlled Analgesia Order (Adult Patient Controlled Analgesia Orders)
  - MorPHINE 2 mg, Injection, IV Push, q2h, PRN Pain, Breakthrough, Routine

Medications-Antibiotics

- cefazolin 1 g, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose)
- vancomycin 1 g, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose)
- metronidazole 500 mg, IV Piggyback, IV Piggyback, q8h, Routine, (2 dose)

Laboratory

- CBC T+1;0400, Routine, once, Type: Blood
- Comprehensive Metabolic Panel (CMP) T+1;0400, Routine, once, Type: Blood
- Respiratory Culture and Gram Stain T+1;0400, Routine, Specimen Source: Sputum, Nurse Collect, Method: Aspirate

Diagnostic Tests

- Chest 1VW Frontal T;N, Reason for Exam: Other, Enter in Comments, Other reason: Post Trach, Routine, Portable
- Electrocardiogram (EKG) Start at: T;N, Priority: Routine, Reason: Other, specify, post trach
- Pharyngeal & Speech Eval by Speech Therapists (Pharyngeal & Speech Eval by Speech Therapy) T;N
- Pharyngeal & Speech Eval by Speech Therapists (Pharyngeal & Speech Eval by Speech Therapy) T;N

Consults/Notifications

- Physician Consult (Consult MD) T;N
- Speech Therapy Initial Evaluations and Treatment (ST Initial Evaluation and Treatment) T;N
- Case Management Consult (Consult Case Management) T;N, Reason: Discharge Planning
- Clin Spec Adult Pulmonary Consult (Adult Pulmonary Clin Spec Consult) T;N
- Notify Physician - Once T;N, procedure is complete to get further orders
- Notify Service Resident T;N, Notify: ICU Service, when procedure is complete to get further orders
- 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