



attach patient label

**Physician Orders ADULT**  
**Order Set: Plastic Surgery Breast Free Flap**  
**Reconstruction Pre-Op Plan**

Related Order Sets:

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>	<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy	<input type="checkbox"/> Other: _____

**Admission/Transfer/Discharge**

<input type="checkbox"/> Patient Status Initial Inpatient	Attending Physician: _____
<b>Bed Type:</b> <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other	
<input type="checkbox"/> Notify Physician Once	T;N, of room number on arrival to unit
<input type="checkbox"/> NPO	T;N,

**Patient Care**

<input type="checkbox"/> Indwelling Urinary Catheter Insert - Follow Removal Protocol	T;N, Routine, once, Comment: to bedside gravity drainage, to be inserted during OR.
	<input checked="" type="checkbox"/> Intraoperative for prolonged surgery <input type="checkbox"/> Continuous irrigation/Med instillation
	<input type="checkbox"/> Urethral problems <input type="checkbox"/> Strict UOP (q 30min or q 1hr) in ICU
	<input type="checkbox"/> Acute retention or neurogenic bladder w/prolong immob <input type="checkbox"/> Spinal Fusion, Scoliosis
	<input type="checkbox"/> s/p GYN or genitourinary tract surgery
	<input type="checkbox"/> s/p urologic or colorectal surgery
	<input type="checkbox"/> s/p organ transplant
	<input type="checkbox"/> Vent & paralyzed, condom cath not option
	<input type="checkbox"/> Chronic indwelling or suprapubic cath
	<input type="checkbox"/> Sacral wound (Stage III or IV) w/incont
	<input type="checkbox"/> Epidural in place
	<input type="checkbox"/> Post-op surgery less than 24 hours ago
	<input type="checkbox"/> 24hr urine collection and incontinence
	<input type="checkbox"/> Hospice or terminal care

**Medications**

<input type="checkbox"/> Acetaminophen	975mg, Tab, PO, once, Routine, Order Comments: Multimodal preemptive analgesia prior to surgery
<input type="checkbox"/> Gabapentin	600mg, Cap, PO, once, Routine, Order Comments: Multimodal preemptive analgesia prior to surgery
<input type="checkbox"/> Celecoxib	400mg, Cap, PO, once, Routine, Order Comments: Multimodal preemptive analgesia prior to surgery
<input type="checkbox"/> Heparin	5,000 units, Injection, Subcutaneous, once, Routine, Order Comments: to be given in preop holding.

Date	Time	Physician's Signature	MD Number
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SURG Plastic Surgery Breast Free Flap  
 Reconstruction Pre Op Plan 20017 PP QM0215  
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