



Physician Orders ADULT: Minimally Invasive GYN Pre Op Plan

Initiate Orders Phase

Non Categorized

- Initiate Powerplan Phase
Phase: Minimally Invasive GYN Pre Op Phase, When to Initiate: When patient arrives to unit

Minimally Invasive GYN Pre Op Phase

Non Categorized

- Pre Op Diagnosis/Reason

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
*T;N Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: Ambulatory Surgery*

Vital Signs

- Vital Signs
Routine Monitor and Record T,P,R,BP, q4h(std)

Food/Nutrition

- NPO
Instructions: NPO except for medications

Patient Care

- Consent Signed For
T;N
- O2 Sat Spot Check-NSG
Routine, once, on admission
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
Reason: s/p GYN or Genitourinary Tract Surgery, to closed gravity drainage. Place in O.R.
- IV Insert/Site Care
Routine, q4day
- IV Insert/Site Care
Routine, q4day, Preferred Gauge: 18G, 2nd large bore IV site
- Instruct/Educate
Instruct: Patient, Topic: Using Incentive Spirometer
- Bedside Glucose Nsg
On arrival for patients with BMI greater than or equal to 30, age greater than 45 and all diabetics. The goal is to maintain blood glucose less than 140. Notify Anesthesiologist if Blood Glucose is greater than or equal to 140.
- Clipper Prep
Hair Removal: Use hair clippers for hair removal
- Skin Prep
ChloroPrep (2% chlorhexidine-70% isopropyl alcohol)
- Vaginal Prep
Dilute 4% chlorhexidine (mixed 50:50 with sodium chloride 0.9% for irrigation).

Nursing Communication

- Nursing Communication
Preoperative antibiotics MUST be administered in preop 30-60 minutes prior to skin incision
- Nursing Communication
Use warmed IV fluids in pre-op and place a bear hugger on patient in the operating room to help maintain normothermia
- Nursing Communication
If patient takes beta blocker at home, patient to get beta blocker on AM of surgery with sip of water





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unless contraindicated.

- Nursing Communication
Record pain scale prior to surgery

Continuous Infusion

- Lactated Ringers Injection
1,000 mL, IV, Routine, 125 mL/hr

Medications

Preop meds per Anesthesia

- +1 Hours** famotidine
20 mg, Tab, PO, OnCall, Routine, (for 1 dose)
Comments: on call to OR
- +1 Hours** sodium biphosphate-sodium phosphate
133 mL, Enema, PR, once
Comments: if not done at home
- +1 Hours** dexamethasone
10 mg, Injection, IV Push, once, Routine
Do not order scopolamine patch if patient has narrow angle glaucoma(NOTE)*
- +1 Hours** scopolamine
1.5 mg, Patch, TD, once, Routine, (for 24 hr)
- +1 Hours** acetaminophen
975 mg, PO, OnCall, Routine, (for 1 dose)
Comments: On Call to O.R.
- Insulin SENSITIVE Sliding Scale Plan(SUB)*
- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*

Antibiotics

- +1 Days** ceFAZolin
- 2 g, IV Piggyback, IV Piggyback, prn, PRN Other, specify in Comment, Routine, [Less than 120 kg] (DEF)**
Comments: Preoperative Antibiotics MUST be administered in preop 30-60 minutes prior to skin incision. Re-administer every 4 hours for blood loss greater than 1500 mL or surgery time exceeding 4 hours. For Surgery ONLY. Discontinue order when patient returns to the floor.
- 3 g, IV Piggyback, IV Piggyback, prn, PRN Other, specify in Comment, Routine, [Greater than or equal to 120 kg]*
Comments: Preoperative Antibiotics MUST be administered in preop 30-60 minutes prior to skin incision. Re-administer every 4 hours for blood loss greater than 1500 mL or surgery time exceeding 4 hours. For Surgery ONLY. Discontinue order when patient returns to the floor.
- Add metronidazole if colon is involved.(NOTE)*
- +1 Hours** metroNIDAZOLE
500 mg, IV Piggyback, IV Piggyback, OnCall, Routine, (for 1 dose)
Comments: start no earlier than one hour prior to incision
- Note: If patient has beta lactam allergy place one of the antibiotic combinations below :(NOTE)*
- +1 Hours** clindamycin
900 mg, IV Piggyback, IV Piggyback, OnCall, Routine, (for 1 dose)
Comments: Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to skin incision.
- AND(NOTE)*
- +1 Hours** gentamicin
5 mg/kg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose)





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Comments: Dose using Ideal Body Weight. Patient's greater than 20% of Ideal Body Weight (IBW) should be dosed on Adjusted body weight (ABW). Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to skin incision.

OR(NOTE)*

- +1 Hours** metroNIDAZOLE
500 mg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose)
Comments: Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to skin incision.
- +1 Hours** gentamicin
5 mg/kg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose)
Comments: Dose using Ideal Body Weight. Patient's greater than 20% of Ideal Body Weight (IBW) should be dosed on Adjusted body weight (ABW). Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to skin incision

VTE prophylaxis

- VTE SURGICAL Prophylaxis Plan(SUB)*

Laboratory

- Preop Labs Per Anesthesia
T;N
- CBC w/o Diff
STAT, T;N, once, Type: Blood
CMP is indicated for patients with cardiac, renal, hepatic, endocrine, hematological, and neurological comorbidity. If none of these clinical conditions exists, order BMP.(NOTE)*
- CMP
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- Magnesium Level
STAT, T;N, once, Type: Blood
- Prothrombin Time
STAT, T;N, once, Type: Blood
- Partial Thromboplastin Time
STAT, T;N, once, Type: Blood
NOTE: Do not order pregnancy screen if patient has had radiation therapy to pelvis or a hysterectomy.(NOTE)*
- Pregnancy Screen Serum
STAT, T;N, once, Type: Blood
- Pregnancy Screen Urine
STAT, T;N, once, Type: Urine, Nurse Collect
If blood products are required, please use Transfuse Blood / Blood Products Plan outside this plan(NOTE)*
- Type and Screen
STAT, T;N, Type: Blood

Diagnostic Tests

- CXR indicated for patients with cardiac, pulmonary comorbidity or smoker(NOTE)*
- Chest 2 Views
T;N, Reason for Exam: Pre Op, Stat
- EKG indicated for patients > 50 yr, cardiac, pulmonary, diabetic, neurologic comorbidity(NOTE)*
- EKG
Start at: T;N, Priority: Stat

Consults/Notifications/Referrals

- Notify Physician-Once
Notify For: of room number on arrival to unit





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- Physician Group Consult
Group: Medical Anesthesia Group, Reason for Consult: Regional Block

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 sheet
- R-Required order

