Physician Orders ADULT: Gynecology Surgery Preop Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: Gynecology Surgery Preop Phase, When to Initiate:________________________

Gynecology Surgery Preop Phase
Non Categorized
☑ Pre Op Diagnosis/Reason

Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
   T;N Admitting Physician: ________________________________
   Reason for Visit:__________________________________________
   Bed Type: ______________ Specific Unit: ________________________
   Care Team: ________________________________________________ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient
   T;N Attending Physician: ________________________________
   Reason for Visit:__________________________________________
   Bed Type: ___________________________ Specific Unit: ______________
   Outpatient Status/Service: Ambulatory Surgery

Vital Signs
☑ Vital Signs Per Unit Protocol

Food/Nutrition
☑ NPO
   Instructions: NPO except for medications

Patient Care
☑ Consent Signed For
   T;N

R O2 Sat Monitoring NSG
   On admission

☐ Foley Insert-Follow Removal Protocol
   to closed gravity drainage. Place in OR.

☐ IV Insert/Site Care
   q4day, Preferred Gauge: 18G
   For inpatients:(NOTE)*

☐ Sequential Compression Device Apply
   Apply To Lower Extremities, Apply prior to surgery

☐ Incentive Spirometry NSG
   Teach use prior to OR

☐ 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.

☐ Bedside Glucose Nsg
   PRN, On arrival for patients with BMI greater than or equal to 30, age greater than or equal to 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
Physician Orders ADULT: Gynecology Surgery Preop Plan

ChloraPrep (2% chlorhexidine-70% isopropyl alcohol)

Vaginal Prep
  Dilute 4% chlorhexidine (mixed 50:50 with sodium chloride 0.9% for irrigation)

Continuous Infusion

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

Medications

VTE Other SURGICAL Prophylaxis Plan(SUB)*

Preop Meds Per Anesthesia

+1 Hours famotidine
  20 mg, Tab, PO, N/A, Routine, (for 1 dose)
  Comments: on call to OR

Insulin SENSITIVE Sliding Scale Plan(SUB)*

Insulin STANDARD Sliding Scale Plan(SUB)*

Insulin RESISTANT Sliding Scale Plan(SUB)*

+1 Hours ceFAZolin
  2 g, IV Piggyback, IV Piggyback, prn, PRN Other, specify in Comment, Routine, (for 1 dose)
  [Less than 120 kg](DEF)*
  Comments: Preoperative antibiotic 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, (for 1 dose)
  [Greater than or equal to 120 kg]
  Comments: Preoperative antibiotic 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.

Note: Add metronidazole if colon is involved.(NOTE)*

Note: If colon is involved, order below with cefazolin(NOTE)*

+1 Hours metroNIDAZOLE
  500 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.

NOTE: If patient is beta-lactam allergic place order for one of the antibiotic combinations below:(NOTE)*

+1 Hours clindamycin
  900 mg, IV Piggyback, IV Piggyback, OnCall, (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)
  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: Dose using Ideal Body Weight. Patient's greater than 20% of Ideal Body Weight
Physician Orders ADULT: Gynecology Surgery Preop Plan

(IBW) should be dosed on Adjusted body weight (ABW). 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)
   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

☐ +1 Hours acetaminophen
   975 mg, PO, N/A
   Comments: On Call to O.R.

Laboratory

☐ Preop Labs Per Anesthesia
   T;N
   If patient will not be seen by anesthesia (NOTE)*

☐ Type and Screen
   Routine, T;N, Type: Blood

☐ Type and Crossmatch PRBC
   Routine, T;N, Type: Blood

☐ Transfuse PRBC's - Not Actively Bleeding
   Routine, T;N

☐ Transfuse PRBC's - Actively Bleeding
   Routine, T;N

☐ Hold PRBC
   Routine, T;N, Reason: On Hold for OR

☐ Pregnancy Screen Serum
   Routine, T;N, once, Type: Blood

☐ CBC w/o Diff
   Routine, T;N, once, Type: Blood

PT/PTT are indicated for patients with hepatic disease, bleeding disorders, anticoagulant therapy (NOTE)*

☐ PT
   Routine, T;N, once, Type: Blood

☐ PTT
   Routine, T;N, once, Type: Blood

CMP is indicated for patients with cardiac, renal, hepatic, endocrine, hematological, neurological comorbidity. If none of these clinical conditions exists, order BMP (NOTE)*

☐ BMP
   Routine, T;N, once, Type: Blood

Diagnostic Tests

☐ EKG indicated for patients > 50 yr, cardiac, pulmonary, diabetic, neurologic comorbidity (NOTE)*

☐ EKG
   Start at: T;N, Reason: Other, specify, preop
   CXR Indicated for patients with cardiac, pulmonary comorbidty or smoker (NOTE)*

☐ Chest 2 Views
   T;N, Reason for Exam: Other, Enter in Comments, Other reason: Preop, Routine, Stretcher

Consults/Notifications/Referrals

☐ Physician Group Consult
Physician Orders ADULT: Gynecology Surgery Preop Plan

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

Date Time Physician's Signature MD Number

*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