



Plastic Surgery Breast Free Flap POD 1 plus Plan

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

Adult

Height: _____ cm Weight: _____ kg

| | | |
|--|---------------------------------------|---|
| Allergies: | | <input type="checkbox"/> No known allergies |
| <input type="checkbox"/> Latex allergy | <input type="checkbox"/> Other: _____ | |
| Admission/Transfer/Discharge | | |
| <input type="checkbox"/> | Patient Status Change | T;N |
| <input type="checkbox"/> | Transfer Pt within current facility | T;N |
| Activity | | |
| <input type="checkbox"/> | Ambulate | T;N, qid, Order Comments: POD 1: 2-4 times a day, POD 2: 4-6 times a day, POD 3: 6-8 times a day |
| <input checked="" type="checkbox"/> | Weight Bearing Status | T;N, Status: Full Weight Bearing |
| <input type="checkbox"/> | Up to Chair | T;N, Up for Meals, POD 1: 2-4 hours a day, POD 2: 4-6 hours a day, POD 3: 6-8 hours a day |
| <input type="checkbox"/> | Bath | T;N, once Special Instructions: Bed bath with Chlorhexidine |
| <input type="checkbox"/> | Shower | T + 1, QDay Special Instructions: Shower with Chlorhexidine |
| Food/Nutrition | | |
| <input type="checkbox"/> | Clear Liquid Diet | T;N, Adult (>18 years), Order Comments: patient up in chair for all meals. Intake of 1500-2500 ml of liquids to be encouraged. |
| <input type="checkbox"/> | Regular Adult Diet | T + 1, Special Instructions: Intake of solids as tolerated and not to encourage, but encourage intake of 1500 to 2500 mL of liquids. |
| <input type="checkbox"/> | Consistent Carbohydrate Diet | T + 1, Caloric Level: _____, Insulin: <input type="checkbox"/> No Insulin <input type="checkbox"/> Short Acting <input type="checkbox"/> Long Acting <input type="checkbox"/> Short and Intermediate <input type="checkbox"/> Short and Long; Renal Patient: <input type="checkbox"/> No <input type="checkbox"/> Yes, on dialysis <input type="checkbox"/> Yes, not on dialysis. Special Instructions: Intake of solids as tolerated and not to encourage, but encourage intake of 1500 to 2500 mL of liquids. |
| Patient Care | | |
| <input type="checkbox"/> | Indwelling Urinary Catheter Remove | T;N, Routine |
| <input type="checkbox"/> | IV Discontinue When Tolerating PO | T;N, Peripheral IV saline lock when PO intake is greater than 600 mL/day or by 0800 POD1, which ever comes first |
| <input type="checkbox"/> | Sternal Support Bra Apply | T;N, Fit in specialty bra with MD on morning rounds and keep it on at all times except for skin care |
| <input type="checkbox"/> | Discharge Instructions | T;N, Follow-up Appts: Nurse to schedule appt for 1-2 weeks post op. |
| <input type="checkbox"/> | Instruct/Educate | T + 1, Instruct: Patient and/or family, Topic: Drain care and signs/symptoms of infection |
| <input type="checkbox"/> | Instruct/Educate | T + 2, Instruct: Patient and/or family, Topic: Drain care and signs/symptoms of infection |
| <input type="checkbox"/> | Incentive Spirometry NSG | T;N, Routine, q1h-Awake. |
| Nursing Communication | | |
| <input type="checkbox"/> | Nursing Communication | T;N, Bra on at all times except for skin care |





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| Medications | |
|--|---|
| NOTE: Ketorolac Contraindicated for Labor and Lactation. If no history of peptic ulcer disease, GI bleed, or renal insufficiency, complete Ketorolac order below. If age greater than or equal to 65 or weight less than 50kg, place Ketorolac 15mg order below , otherwise use 30 mg dose. | |
| <input type="checkbox"/> | Ketorolac 30mg, Injection, IV Push, q6h, Routine, (for 2 dose) |
| <input type="checkbox"/> | Nursing Communication T;N, If PCA is ordered, do not start until after two doses of narcotic IV Push have been administered. |
| <input type="checkbox"/> | PCA - MorPHINE Protocol Plan (Adult) |
| <input type="checkbox"/> | PCA - HYDRomorphone Protocol Plan (Adult) |
| Diagnostic Tests | |
| <input type="checkbox"/> | US Ext Lower Ven Doppler W Compress Bil T;N, Routine, Reason for Exam: DVT (Deep Vein Thrombosis) Order Comments: Call MD if positive of DVT. |
| Consults/Notifications | |
| <input type="checkbox"/> | Notify Resident-Continuing T;N, change in flap color or flap signal: the service/on call resident to be notified first with 911 at end of call back number. If they do not call back in 10 minutes, the microsurgery attending MUST be contacted. |

Date **Time** **Physician's Signature** **MD Number**