

Post Procedure

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 min times 4, then every 30 min times 2, then every 1 hour times 1, PACU & Post-op
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Nursing

<input type="checkbox"/> Post procedure site assessment	Routine, With vitals Procedure Site: For hematoma, bleeding and drainage., PACU & Post-op
<input type="checkbox"/> Renal biopsy: check urine for blood	Routine, Until discontinued, Starting S Notify procedure physician for hematuria., PACU & Post-op
<input type="checkbox"/> Discharge home	Routine, Once For 1 Occurrences At ***, if stable. Confirm medication reconciliation is complete., PACU
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S, Post-op

Activity

<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S For 2 Hours Bathroom Privileges: with bathroom privileges PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 2 Hours, PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours, PACU & Post-op
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated PACU & Post-op

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: PACU & Post-op
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op

Notify

<input type="checkbox"/> Notify Radiologist if patient experiences worsening pain or bleeding at procedure site.	Routine, Until discontinued, Starting S, PACU & Post-op
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Interventional Orders

<input type="checkbox"/> Place catheter to gravity bag drainage	Routine, Until discontinued, Starting S Specify type/location: ***, PACU & Post-op
<input type="checkbox"/> Intake and output	Routine, Every 12 hours, Post-op
<input type="checkbox"/> Change dressing	Routine, Once And PRN to keep procedure site(s) clean and dry., PACU & Post-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intra-catheter, every 12 hours scheduled, PACU & Post-op Flush 5 mL towards patient and 5 mL toward the bag.

Chest Tube Orders

[] Chest 1 Vw	STAT, 1 time imaging For 1 Post chest tube, PACU & Post-op
[] Chest 1 Vw	Routine, 1 time imaging For 1 1 hour post chest tube, PACU & Post-op
[] Chest 1 Vw	Routine, 1 time imaging For 1 2 hours post chest tube, PACU & Post-op
[] Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
[] Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
[] Chest tube to pleurovac	Routine, Until discontinued, Starting S 20cm water intermittent while suctioning. Upon return to floor, further chest tube management orders per referring physician., Post-op

Chest Tube Orders

[] XR Chest 1 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed, Post chest tube
[] XR Chest 1 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed, 1 hour post chest tube
[] XR Chest 1 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed, 2 hours post chest tube
[] XR Chest Inspiration And Expiration	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed
[] Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
[] Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
[] Chest tube to pleurovac	Routine, Until discontinued, Starting S 20cm water intermittent while suctioning. Upon return to floor, further chest tube management orders per referring physician., Post-op

Medications

VTE

Labs

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders

Discharge

Discharge Order (Single Response)

() Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
Discontinue tubes/drains	
[] Discontinue Foley catheter	Routine, Once, Scheduling/ADT
[] Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
[] Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
[] Deaccess port	
[] Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
[] heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT
Discharge Activity - REQUIRED	
[] Activity as tolerated	Routine, Scheduling/ADT
[] Ambulate with assistance or assistive device	Routine, Scheduling/ADT
[] Lifting restrictions	Routine, Scheduling/ADT, No lifting over 10 pounds.
[] Weight bearing restrictions (specify)	Routine, Scheduling/ADT Weight Bearing Status: Extremity: ***
[] Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
[] Complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
[] No driving for 2 days	Routine, Scheduling/ADT
[] Shower instructions:	Routine, Scheduling/ADT, ***
[] Discharge activity	Routine, Scheduling/ADT
[] Other restrictions (specify):	Routine, Scheduling/ADT, ***
Wound/Incision Care	
[] Discharge wound care	Routine, Scheduling/ADT, ***
[] Discharge incision care	Routine, Scheduling/ADT, ***
[] Discharge dressing	Routine, Scheduling/ADT, ***
Discharge Diet - REQUIRED (Single Response)	
() Discharge Diet	Routine, Scheduling/ADT Discharge Diet:
() Discharge Diet- Regular	Routine, Scheduling/ADT Discharge Diet: Regular
Patient to notify physician	
[] Call physician for:	Routine, Scheduling/ADT, Temperature greater than 100.5
[] Call physician for: Persistent nausea or vomiting	Routine, Scheduling/ADT
[] Call physician for: severe uncontrolled pain	Routine, Scheduling/ADT
[] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Scheduling/ADT
[] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Scheduling/ADT
[] Call physician for:	Routine, Scheduling/ADT, ***
Discharge Education	
[] Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT

<input type="checkbox"/> Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide tobacco cessation education Scheduling/ADT
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Discharge Instructions

<input type="checkbox"/> Additional discharge instructions for Patient	Routine, Scheduling/ADT, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

Place Follow-Up Order

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine, Scheduling/ADT
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details