

**General**

**Vital Signs**

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Including NVS every 15 min times 2, then every 30 min times 2, then every 1 hour till transferred out of department., PACU
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**Activity**

<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges May elevate head of bed up to 30 degrees for patient comfort., PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 3 Hours Bedrest with head flat, PACU & Post-op

**Nursing**

<input type="checkbox"/> Discharge patient	Discharge - S Specific Destination: Is a readmission planned within 30 days? PACU
<input type="checkbox"/> Send patient back to floor	Routine, Until discontinued, Starting S When: PACU/AOD discharge criteria met. PACU
<input checked="" type="checkbox"/> Fall precautions	Increased observation level needed: PACU & Post-op
<input type="checkbox"/> Complete neuroradiology pain evaluation sheet	Routine, Once For 1 Occurrences, PACU
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S, 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 checked="" type="checkbox"/> Notify Interventional Radiologist if patient experiences increasing pain, numbness or weakness in extremities	Routine, Until discontinued, Starting S, Post-op
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**Medications**

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<input type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses, PACU
<input type="checkbox"/> morPHINE injection	4 mg, intramuscular, once PRN, moderate pain (score 4-6), For 1 Doses, PACU
<input type="checkbox"/> morPHINE injection	10 mg, intramuscular, once PRN, severe pain (score 7-10), For 1 Doses, PACU
<input type="checkbox"/> trimethobenzamide (TIGAN) injection	200 mg, intramuscular, once PRN, nausea, vomiting, For 1 Doses, PACU

## VTE

## Labs

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders

## Discharge

### Discharge Order (Single Response)

<input type="checkbox"/> Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
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### Discontinue tubes/drains

<input type="checkbox"/> Discontinue Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/> Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/> Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> Deaccess port	
<input type="checkbox"/> Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT

### Discharge Activity - REQUIRED

<input type="checkbox"/> Activity as tolerated	Routine, Scheduling/ADT
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Scheduling/ADT
<input type="checkbox"/> Lifting restrictions	Routine, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
<input type="checkbox"/> No driving for 2 days	Routine, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Scheduling/ADT, ***

### Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Scheduling/ADT, ***

### Discharge Diet - REQUIRED (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Scheduling/ADT Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Scheduling/ADT Discharge Diet: Regular

**Patient to notify physician**

<input type="checkbox"/> Call physician for:	Routine, Scheduling/ADT, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Scheduling/ADT
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Scheduling/ADT
<input type="checkbox"/> Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Scheduling/ADT
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Scheduling/ADT
<input type="checkbox"/> Call physician for:	Routine, Scheduling/ADT, ***

**Discharge Education**

<input type="checkbox"/> 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

**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