

Nursing**Vital Signs**

[] Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 min times 4, then every 30 min times 4, then every 1 hour times 2, then every 4 hours., PACU & Post-op
[] Vital signs - T/P/R/BP	Routine, Every 30 min Every 30 min times 4, then every 1 hour times two, then every 4 hours., PACU & Post-op
[] Vital signs - T/P/R/BP	Routine, Every hour Every 1 hour times 2, then every 4 hours., PACU & Post-op
[] Vital signs - T/P/R/BP	Routine, Every 4 hours, PACU & Post-op

Activity

[] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S For 2 Hours Bathroom Privileges: with bathroom privileges PACU & Post-op
[] Strict bed rest	Routine, Until discontinued, Starting S For 2 Hours, PACU & Post-op
[] Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours, PACU & Post-op
[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated PACU & Post-op

Nursing

[] Check abdomen for distention/tenderness with vital signs	Routine, Until discontinued, Starting S, PACU & Post-op
[] Assess cath site	Routine, With vitals Check catheter exit site for bleeding/hematoma with vital signs., PACU & Post-op
[] New gastrostomy tube - 6 hours	
[] NPO - except meds	Diet effective now, Starting S For 6 Hours NPO: Except meds Pre-Operative fasting options: Patient to remain NPO except meds for 6 hours., PACU & Post-op
[] All contents to be suctioned from the gastric port	Routine, Every 3 hours For 2 Occurrences All contents to be suctioned every 3 hrs for 6hrs., PACU & Post-op
[] Ok to use - gastrostomy catheter	Routine, Until discontinued, Starting S Device: Other Other: gastrostomy catheter If patient is without significant abdominal pain or distention after 6 hours the gastrostomy catheter may be used with initiation of feedings at 30ml per hour and may advance 10ml every 4 hours to goal rate., PACU & Post-op
[] New gastrostomy tube - 24 hours	
[] NPO - except meds	Diet effective now, Starting S For 24 Hours NPO: Except meds Pre-Operative fasting options: Patient to remain NPO except meds for 24 hours., PACU & Post-op
[] All contents to be suctioned from the gastric port	Routine, Every 6 hours For 24 Hours, PACU & Post-op
[] Ok to use - gastrostomy catheter	Routine, Until discontinued, Starting S Device: Other Other: gastrostomy catheter If patient is without significant abdominal pain or distention after 24 hours the gastrostomy catheter may be used., PACU & Post-op

[] Replacement gastrostomy catheter	Routine, Until discontinued, Starting S Device: Other Other: gastrostomy catheter PACU & Post-op
[] Bedside glucose	Routine, Once For 1 Occurrences Upon arrival to AOD/PACU. Notify Radiologist if glucose below 60 or above 200., PACU & Post-op
[] Nursing communication	Routine, Until discontinued, Starting S Instructions: ***, PACU & Post-op
[] Nursing communication	Routine, Until discontinued, Starting S Instructions: ***, PACU & Post-op
[] Discharge Home	Routine, Once For 1 Occurrences At ***, if stable. Confirm medication reconciliation is complete., PACU

Diet

[] NPO - except meds	Diet effective now, Starting S For 24 Hours NPO: Except meds Pre-Operative fasting options: PACU & Post-op
[] Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[] Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op

Notify

[] Notify Endovascular Radiology if evidence of bleeding and/or hematoma around catheter exit site	Routine, Until discontinued, Starting S, Post-op
[] Notify Endovascular Radiology if evidence of worsening abdomen distention/tenderness	Routine, Until discontinued, Starting S, Post-op

Return to Floor

Return to Floor (Single Response)

() OK to return to previous IP bed	Routine, Until discontinued, Starting S, PACU
() OK to return to IP bed after 1hr in PACU	Routine, Until discontinued, Starting S, PACU

Medications

Post Procedure Medications

[] fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 15 min PRN, severe pain (score 7-10), persistent pain, For 2 Doses, PACU & Post-op Hold for respirations LESS than 12 breath/minute. For persistent pain, call interventional MD.
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[] ondansetron (ZOFRAN) IV

4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses, PACU & Post-op

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

[] 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 weeks	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
[] 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

[] Additional discharge instructions for Patient	Routine, Scheduling/ADT, ***
[] Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

Place Follow-Up Order

[] Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
[] Follow-up with primary care physician	Routine, Scheduling/ADT
[] Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
[] Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
[] Follow-up with department	Details