

Nursing

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

Nursing

<input type="checkbox"/> Check abdomen for distention/tenderness with vital signs	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Assess cath site	Routine, With vitals Check catheter exit site for bleeding/hematoma with vital signs., PACU & Post-op
<input type="checkbox"/> New gastrostomy tube - 6 hours	
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> New gastrostomy tube - 24 hours	
<input type="checkbox"/> 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
<input type="checkbox"/> All contents to be suctioned from the gastric port	Routine, Every 6 hours For 24 Hours, PACU & Post-op
<input type="checkbox"/> 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

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

Diet

<input type="checkbox"/> NPO - except meds	Diet effective now, Starting S For 24 Hours NPO: Except meds 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
<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op

Notify

<input type="checkbox"/> Notify Endovascular Radiology if evidence of bleeding and/or hematoma around catheter exit site	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> 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)

<input type="checkbox"/> OK to return to previous IP bed	Routine, Until discontinued, Starting S, PACU
<input type="checkbox"/> OK to return to IP bed after 1hr in PACU	Routine, Until discontinued, Starting S, PACU

Medications

Post Procedure Medications

<input type="checkbox"/> 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 (ZOFTRAN) 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)

<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