

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"/> Strict bed rest	Routine, Until discontinued, Starting S For 2 Hours Then resume pre-procedure activity., PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours Then resume pre-procedure activity., PACU & Post-op

Nursing

<input type="checkbox"/> Nephrostomy tube to bedside drainage	Routine, Continuous Record output every 12 hours and document., PACU & Post-op
<input type="checkbox"/> Cap Nephrostomy tube to internal drainage	Routine, Until discontinued, Starting S Uncap if patient develops worsening abdominal pain or fever., PACU & Post-op
<input type="checkbox"/> Drain to gravity bag drainage	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Change dressing	Routine, Once Check and change dressing to Nephrostomy tube every other day and as needed., PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instruction: ***, PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instruction: ***, PACU & Post-op

Diet

<input type="checkbox"/> NPO except meds	Diet effective now, Starting S For 1 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 Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op
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Notify

<input type="checkbox"/> Notify Urologist/Radiologist if urine output is less than 30 ml or 200 ml per shift, presence of bright red bloody urine and or clots; swelling, pain, leakage at tube site, temp greater than 100.5	Routine, Until discontinued, Starting S, Post-op
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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.
<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses, PACU & Post-op

VTE

Labs

Cardiology

Imaging

Diagnostic X-Ray

<input type="checkbox"/> XR Chest 1 Vw	Routine, 1 time imaging For 1 Occurrences 1 hour post-procedure
<input type="checkbox"/> XR Chest 1 Vw	Routine, 1 time imaging For 1 Occurrences 3 hours post-procedure

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

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