

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

[] Strict bed rest	Routine, Until discontinued, Starting S For 2 Hours Then resume pre-procedure activity., PACU & Post-op
[] Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours Then resume pre-procedure activity., PACU & Post-op

Nursing

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

Diet

[] NPO except meds	Diet effective now, Starting S For 1 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 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

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.

ondansetron (ZOFTRAN) IV

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

VTE

Labs

Cardiology

Imaging

Diagnostic X-Ray

XR Chest 1 Vw

Routine, 1 time imaging For 1 Occurrences
1 hour post-procedure

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)

() 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
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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:
<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