

Post Procedure

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 2, then every 1 hour times 1, PACU & Post-op
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Nursing

<input type="checkbox"/> Post procedure site assessment	Routine, With vitals Procedure Site: For hematoma, bleeding and drainage., PACU & Post-op
<input type="checkbox"/> Discharge home	Routine, Once For 1 Occurrences At ***, if stable. Confirm medication reconciliation is complete., PACU
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instructions: ***, 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

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

Notify

<input type="checkbox"/> Notify Radiologist if patient experiences worsening pain or bleeding at procedure site.	Routine, Until discontinued, Starting S, PACU & Post-op
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Interventional Orders

<input type="checkbox"/> Place catheter to gravity bag drainage	Routine, Until discontinued, Starting S Specify type/location: <u>***</u> , PACU & Post-op
<input type="checkbox"/> Cap catheter for internal drainage	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Intake and output	Routine, Every 12 hours, PACU & Post-op
<input type="checkbox"/> Change dressing	Routine, Once And PRN to keep procedure site(s) clean and dry., PACU & Post-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intra-catheter, every 12 hours scheduled, PACU & Post-op
<input type="checkbox"/> Ok to use	Routine, Until discontinued, Starting S Device: PACU & Post-op

Chest Tube Orders

<input type="checkbox"/> Chest 1 Vw	STAT, 1 time imaging For 1 Post chest tube, PACU & Post-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging For 1 1 hour post chest tube, PACU & Post-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging For 1 2 hours post chest tube, PACU & Post-op
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to pleurovac	Routine, Until discontinued, Starting S 20cm water intermittent while suctioning. Upon return to floor, further chest tube management orders per referring physician., Post-op

Chest Tube Orders

<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed, Post chest tube
<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed, 1 hour post chest tube
<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed, 2 hours post chest tube
<input type="checkbox"/> XR Chest Inspiration And Expiration	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to pleurovac	Routine, Until discontinued, Starting S 20cm water intermittent while suctioning. Upon return to floor, further chest tube management orders per referring physician., Post-op

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