

**General**

**Observation (Single Response)**

<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Pre-Procedure
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: Pre-Procedure

**Nursing**

**Vitals**

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 minutes x 2 then every 30 minutes x 2 then every hour until discharged., PACU
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**Activity**

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 3 Hours, PACU & Post-op
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges 3 hours post procedure, PACU & Post-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily, Starting S+1 Specify: with assistance Post-op day 1, as tolerated., Post-op

**Nursing**

<input type="checkbox"/> Discharge patient	Discharge at 12:00 AM Specific Destination: Is a readmission planned within 30 days? PACU
<input type="checkbox"/> Send patient back to floor	Routine, Until discontinued, Starting S When: PACU
<input checked="" type="checkbox"/> Neurological assessment	Routine, Every 30 min Assessment to Perform: PACU & Post-op
<input type="checkbox"/> No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S For 48 Hours Reason for "No" order: PACU & Post-op
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S For 48 Hours Reason for "No" order: PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S, Post-op

**Diet**

<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
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## Medications

### Anti-emetic

ondansetron (ZOFTRAN) injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU & Post-op

### Mild Pain (1-3) (Single Response)

Acetaminophen oral, per tube or rectal panel **"Or" Linked Panel**  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, PACU & Post-op  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, PACU & Post-op  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), fever, PACU & Post-op  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), PACU & Post-op

### Moderate Pain (4-6)

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 2 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), PACU & Post-op  
Give if patient can tolerate oral medications.

morPHINE injection 2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), PACU & Post-op  
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required

### Severe pain (7-10) (Single Response)

morPHINE injection 4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), PACU & Post-op  
Please refer to general pain management orderset for oral options

HYDROmorphone (DILAUDID) injection 1 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), PACU & Post-op  
Please refer to general pain management orderset for oral options

## VTE

## Labs

## Cardiology

## Imaging

## 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<br>Discharge Criteria:<br>Scheduling/ADT |
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### Discontinue tubes/drains

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|----------------------------------------------------------------------|-------------------------------------------------|
| <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 - REQUIRED

- |                                                                                                 |                                                                        |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <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<br>Weight Bearing Status:<br>Extremity:<br>*** |
| <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 days                                                  | 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)

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|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Discharge Diet          | Routine, Scheduling/ADT<br>Discharge Diet:         |
| <input type="checkbox"/> Discharge Diet- Regular | Routine, Scheduling/ADT<br>Discharge Diet: Regular |

### Patient to notify physician

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| <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, ***
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<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT
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**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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