

## General

### Common Present on Admission Diagnosis

[ ] Acidosis	Post-op
[ ] Acute Post-Hemorrhagic Anemia	Post-op
[ ] Acute Renal Failure	Post-op
[ ] Acute Respiratory Failure	Post-op
[ ] Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[ ] Anemia	Post-op
[ ] Bacteremia	Post-op
[ ] Bipolar disorder, unspecified	Post-op
[ ] Cardiac Arrest	Post-op
[ ] Cardiac Dysrhythmia	Post-op
[ ] Cardiogenic Shock	Post-op
[ ] Decubitus Ulcer	Post-op
[ ] Dementia in Conditions Classified Elsewhere	Post-op
[ ] Disorder of Liver	Post-op
[ ] Electrolyte and Fluid Disorder	Post-op
[ ] Intestinal Infection due to Clostridium Difficile	Post-op
[ ] Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[ ] Obstructive Chronic Bronchitis with Exacerbation	Post-op
[ ] Other Alteration of Consciousness	Post-op
[ ] Other and Unspecified Coagulation Defects	Post-op
[ ] Other Pulmonary Embolism and Infarction	Post-op
[ ] Phlebitis and Thrombophlebitis	Post-op
[ ] Protein-calorie Malnutrition	Post-op
[ ] Psychosis, unspecified psychosis type	Post-op
[ ] Schizophrenia Disorder	Post-op
[ ] Sepsis	Post-op
[ ] Septic Shock	Post-op
[ ] Septicemia	Post-op
[ ] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[ ] Urinary Tract Infection, Site Not Specified	Post-op

### Elective Outpatient, Observation, or Admission (Single Response)

( ) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
( ) Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( ) Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
( ) Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op

**Admission or Observation (Single Response)**

Patient has active outpatient status order on file

( ) Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
( ) Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( ) Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

**Admission (Single Response)**

Patient has active status order on file

( ) Admit to inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

**Transfer (Single Response)**

Patient has active inpatient status order on file

( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

**Code Status**

[ ] Full Code	Code Status decision reached by: Post-op
[ ] DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Post-op
[ ] DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Post-op

<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

### Isolation

<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

### Precautions

<input type="checkbox"/> Aspiration precautions	Post-op
<input type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Latex precautions	Post-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Blind Precautions	Increased observation level needed: Post-op

## Nursing

### Vital Signs

<input type="checkbox"/> Vital Signs	Routine, Every 4 hours Temperature; Pulse; Respiration; Blood Pressure, Post-op
<input checked="" type="checkbox"/> Vital Signs	Routine, Per unit protocol, Post-op

### Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Post-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance Post-op
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Post-op
<input type="checkbox"/> Up in chair, Up with assistance	Routine, Until discontinued, Starting S Specify: Up in chair, Up with assistance Additional modifier: Post-op

### Nursing Assessment

<input type="checkbox"/> Intake and Output	Routine, Every 8 hours, Post-op
<input type="checkbox"/> Pulse oximetry	Routine, Every 4 hours Current FIO <sub>2</sub> or Room Air: Post-op

### Positioning

[ ] Elevate HOB	Routine, Until discontinued, Starting S Head of bed: Post-op
[ ] Positioning instruction	Routine, Until discontinued, Starting S Position: Additional instructions: Post-op

### Interventions

[ ] Fall precautions	Increased observation level needed: Post-op
[ ] Blind Precautions	Increased observation level needed: Post-op
[ ] Saline lock IV	Routine, Continuous, Post-op
[ ] Label eye drops for home use	Routine, Until discontinued, Starting S, Post-op

### Wound Care

[ ] Eye patch/pirate patch	Routine, Once Left/Right: Special Instructions: keep patch on eye Post-op
[ ] Eye shield/fox shield	Routine, Once Left/Right: Special Instructions: keep shield on eye Post-op
[ ] Apply ice pack	Routine, Until discontinued, Starting S Specify Eye: Ice on for: Ice off for: Post-op
[ ] Eye pads to bedside	Routine, Until discontinued, Starting S Eye pads to bedside, Post-op
[ ] Box of 4 by 4 to bedside	Routine, Until discontinued, Starting S Box of 4 by 4 to bedside, Post-op
[ ] 1 inch tape to bedside	Routine, Until discontinued, Starting S 1 inch tape to bedside, Post-op

### Discharge Instructions

[ ] Discharge instructions to Nursing	Routine, Once Patient may be discharged when cleared by anesthesia, Post-op
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### Diet

[ ] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Post-op
[ ] Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Yes Target Diet: to previous diet Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

## IV Fluids

### Maintenance IV Fluids (Single Response)

( ) sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
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( ) lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
( ) dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
( ) sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
( ) sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op

## Medications

### IV Antibiotics (Single Response)

( ) cefoxitin (MEFOXIN) IV	2 g, intravenous, every 6 hours, Post-op Reason for Therapy:
( ) cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours, Post-op Reason for Therapy:
( ) cefTAZidime (FORTAZ) IV - Written as DO NOT SUBSTITUTE	2 g, intravenous, every 8 hours, Post-op Ordered as Ceftazidime DO NOT SUBSTITUTE Reason for Therapy:
( ) cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours, Post-op Reason for Therapy:

### Antibiotics: if beta-lactam allergy (Single Response)

( ) levofloxacin (LEVAQUIN) tablet	750 mg, oral, daily at 0600, Post-op Reason for Therapy:
( ) levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, once, For 1 Doses, Post-op Reason for Therapy:
( ) metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily, Post-op Reason for Therapy:
( ) metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Reason for Therapy:

### Antibiotics: if MRSA suspected

[ ] Pharmacy consult to manage vancomycin	Routine, Until discontinued, Starting S Indication: Target Vancomycin Trough Level:
[ ] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Type of Therapy:

### Anti-inflammatory

[ ] neomycin-polymyxin-dexamethasone DROPS (MAXITROL)	1 drop, Both Eyes, 4 times daily, Post-op For Ophthalmic use only
[ ] neomycin-polymyxin-dexamethasone OINTMENT (MAXITROL)	1 application, Both Eyes, nightly, Post-op For Ophthalmic use only
[ ] prednisolONE acetate (PRED FORTE) 1% suspension	1 drop, Both Eyes, 4 times daily, Post-op
[ ] ketorolac (ACULAR) 0.4% solution	1 drop, Both Eyes, 4 times daily, Post-op For Ophthalmic use only

### Ophthalmic Antibiotics

[ ] erythromycin (ROMYCIN) 0.5% ophthalmic ointment	1 application, nightly, Post-op
[ ] gentamicin (GARAMYCIN) 0.3% ophthalmic OINTMENT	0.5 inch, 3 times daily, Post-op
[ ] gentamicin (GARAMYCIN) 0.3 % ophthalmic SOLUTION	1 drop, every 4 hours scheduled, Post-op
[ ] levofloxacin (QUIXIN) 0.5 % ophthalmic solution	1 drop, every 4 hours scheduled, Post-op
[ ] moxifloxacin (VIGAMOX) 0.5% ophthalmic solution	1 drop, 3 times daily, Post-op
[ ] trifluridine (VIROPTIC) 1% ophthalmic solution	1 drop, every 2 hours while awake, Post-op
[ ] neomycin-bacitracin-polymyxin (POLYSPORIN) ophthalmic ointment	1 application, 4 times daily, Post-op

### Pupillary Dilation

[ ] atropine 1 % ophthalmic solution	1 drop, 2 times daily, Post-op
[ ] cyclopentolate (CYCLODRYLY) 1 % ophthalmic solution	1 drop, every 8 hours, Post-op

## Lubricants

<input type="checkbox"/> laci-lube	1 Tube, Both Eyes, 4 times daily PRN, dry eyes, Post-op Give AFTER administration of eye drops
<input type="checkbox"/> artificial tears ophthalmic solution	1 drop, Both Eyes, nightly PRN, dry eyes, Post-op

## Medications PRN

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, mild pain (score 1-3), fever, Post-op
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.

WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days

## Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

## Antiemetics

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<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

## VTE

### Labs

#### Labs Today

<input type="checkbox"/> Basic metabolic panel	Once, Post-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Post-op
<input type="checkbox"/> CBC and differential	Once, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once, Post-op
<input type="checkbox"/> Partial thromboplastin time	Once, Post-op
<input type="checkbox"/> Calcium	Once, Post-op

#### Labs Tomorrow

<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Comprehensive metabolic panel	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> CBC and differential	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Partial thromboplastin time	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Calcium	AM draw For 1 Occurrences, Post-op

## Cardiology

### Imaging

#### X-Ray

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1 , Post-op
<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging For 1 , Post-op

#### CT

<input type="checkbox"/> CT Orbita Wo Contrast	Routine, 1 time imaging For 1 2 millimeter cuts with direct coronal if possible., Post-op
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#### MRI

<input type="checkbox"/> MRI Brain W Wo Contrast	Routine, 1 time imaging For 1 , Post-op
<input type="checkbox"/> MRI Orbit Face Neck W Wo Contrast	Routine, 1 time imaging For 1 , Post-op

### Other Studies

### Respiratory

### Rehab

### Consults

#### Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason: Post-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Consult PT eval and treat	Special Instructions: Weight Bearing Status:

[ ] Consult PT wound care	Special Instructions: Location of Wound? Post-op
[ ] Consult OT eval and treat	Special Instructions: Weight Bearing Status:
[ ] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
[ ] Consult to Spiritual Care	Reason for consult? Post-op
[ ] Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
[ ] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Post-op
[ ] Consult to Respiratory Therapy	Reason for Consult? Post-op

## Additional Orders