

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission (Single Response)

<input type="checkbox"/>	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/>	Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/>	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

- | | |
|--|--|
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> Outpatient observation services under general supervision | Diagnosis:
Admitting Physician:
Patient Condition:
Bed request comments:
PACU & Post-op |
| <input type="checkbox"/> Outpatient in a bed - extended recovery | Diagnosis:
Admitting Physician:
Bed request comments:
PACU & Post-op |
| <input type="checkbox"/> Transfer patient | Level of Care:
Bed request comments:
Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Admission (Single Response)

Patient has active status order on file

- | | |
|---|--|
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> Transfer patient | Level of Care:
Bed request comments:
Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Transfer (Single Response)

Patient has active inpatient status order on file

- | | |
|---|---|
| <input type="checkbox"/> Transfer patient | Level of Care:
Bed request comments:
Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Code Status

- | | |
|---|--|
| <input type="checkbox"/> Full Code | Code Status decision reached by:
Post-op |
| <input type="checkbox"/> DNR (Do Not Resuscitate) | |
| <input type="checkbox"/> 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 FIO2 or Room Air: Post-op

Positioning

<input type="checkbox"/> Elevate HOB	Routine, Until discontinued, Starting S Head of bed: Post-op
<input type="checkbox"/> Positioning instruction	Routine, Until discontinued, Starting S Position: Additional instructions: Post-op

Interventions

<input type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Blind Precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Post-op
<input type="checkbox"/> Label eye drops for home use	Routine, Until discontinued, Starting S, Post-op

Wound Care

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

Discharge Instructions

<input type="checkbox"/> Discharge instructions to Nursing	Routine, Once Patient may be discharged when cleared by anesthesia, Post-op
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Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Post-op
<input type="checkbox"/> 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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<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> 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)

<input type="checkbox"/> cefoxitin (MEFOXIN) IV	2 g, intravenous, every 6 hours, Post-op Reason for Therapy:
<input type="checkbox"/> cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours, Post-op Reason for Therapy:
<input type="checkbox"/> ceftAZidime (FORTAZ) IV - Written as DO NOT SUBSTITUTE	2 g, intravenous, every 8 hours, Post-op Ordered as Cefazidime DO NOT SUBSTITUTE Reason for Therapy:
<input type="checkbox"/> cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours, Post-op Reason for Therapy:

Antibiotics: if beta-lactam allergy (Single Response)

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

Antibiotics: if MRSA suspected

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

Anti-inflammatory

<input type="checkbox"/> neomycin-polymyxin-dexamethaxone DROPS (MAXITROL)	1 drop, Both Eyes, 4 times daily, Post-op For Ophthalmic use only
<input type="checkbox"/> neomycin-polymyxin-dexamethaxone OINTMENT (MAXITROL)	1 application, Both Eyes, nightly, Post-op For Ophthalmic use only
<input type="checkbox"/> prednisoLONE acetate (PRED FORTE) 1% suspension	1 drop, Both Eyes, 4 times daily, Post-op
<input type="checkbox"/> ketorolac (ACULAR) 0.4% solution	1 drop, Both Eyes, 4 times daily, Post-op For Ophthalmic use only

Ophthalmic Antibiotics

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

Pupillary Dilation

<input type="checkbox"/> atropine 1 % ophthalmic solution	1 drop, 2 times daily, Post-op
<input type="checkbox"/> cyclopentolate (CYCLODRYL) 1 % ophthalmic solution	1 drop, every 8 hours, Post-op

Lubricants

<input type="checkbox"/> lacri-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.	
<input type="checkbox"/> 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
<input type="checkbox"/> 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	"Or" Linked Panel
<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	"Or" Linked Panel
<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

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
<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	"Or" Linked Panel
<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 (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.

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 Orbits 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:

<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Post-op
<input type="checkbox"/> Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Post-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Post-op

Additional Orders