

General

Elective Outpatient, Observation (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

Elective Outpatient, Observation (Single Response)

Patient has active outpatient status order on file

<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

Return to Floor

Return to Floor (Single Response)

<input type="checkbox"/> OK to return to previous IP bed	Routine, Until discontinued, Starting S, PACU
<input type="checkbox"/> OK to return to IP bed after 1hr in PACU	Routine, Until discontinued, Starting S, PACU

Vital Signs

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 4, then every 1 hour times 2, then every 4 hours., Post-op
<input type="checkbox"/> 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., Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every hour Every 1 hour times 2, then every 4 hours., Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 4 hours, Post-op

Nursing

Nursing

<input checked="" type="checkbox"/> Assess cath site	Routine, With vitals, Post-op
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<input checked="" type="checkbox"/> Pulse checks	Routine, Every 15 min For 31 Hours Pulses to assess: Pedal Side: Every 15 min times 4, then every 30 min times 4, then every 60 min x 4, then every shift x 24 hours, Post-op
<input checked="" type="checkbox"/> Pulse checks	Routine, Every hour Pulses to assess: Pedal Side: Post-op
<input checked="" type="checkbox"/> Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees 30 degrees at *** hours after sheath pull., Post-op
<input type="checkbox"/> May remove c-clamp 1 hour after placement	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Bedside glucose	Routine, Once Upon arrival to AOD/PACU. Notify ordering physician if glucose is below 60 or above 200., Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instructions: ***, PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instructions: ***, PACU & Post-op

Activity

<input type="checkbox"/> Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges: With *** (laterality) leg straight until ***, Post-op
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Post-op

Diet

<input type="checkbox"/> NPO (for 1 hour)	Diet effective now, Starting S For 1 Hours NPO: Pre-Operative fasting options: Post-op
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: 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 Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? Post-op

Notify

<input type="checkbox"/> Notify ordering physician if evidence of bleeding and/or hematoma around catheter exit site	Routine, Until discontinued, Starting S, Post-op
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IV Fluids

IV Fluids

<input type="checkbox"/> sodium chloride 0.45 % infusion	1,000 mL, intravenous, for 10 Hours, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	1,000 mL, intravenous, for 10 Hours, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion	intravenous, for 10 Hours, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion	intravenous, for 10 Hours, continuous, Post-op

Medications

Anti-Platelet Agents

<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, daily, Post-op
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Post-op
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Post-op

Post-Procedure Medications

<input type="checkbox"/> hydroMORPHone (DILAUDID) or fentaNYL (SUBLIMAZE) injection (Single Response)	
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 15 min PRN, severe pain (score 7-10), For 2 Doses, PACU & Post-op Hold for respirations LESS than 12 breath/minute. For persistent pain, call interventional MD.
<input type="checkbox"/> hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 15 min PRN, severe pain (score 7-10), For 2 Doses, PACU & Post-op Hold for respirations LESS than 12 breath/minute. For persistent pain, call interventional MD.
<input checked="" type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, opioid reversal, PACU & Post-op
<input type="checkbox"/> ondansetron (ZOFRAN) IV	4 mg, intravenous, once PRN, nausea, vomiting, PACU & Post-op

Insomnia Agents (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
<input type="checkbox"/> temazepam (RESTORIL) capsule	15 mg, oral, nightly PRN, sleep, Post-op Indication(s): Insomnia
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

Insomnia Agents - for patient GREATER than 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
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Labs

Labs in 4 Hours

<input type="checkbox"/> Basic metabolic panel	Once In 4 hr., Post-op
<input type="checkbox"/> Lipid panel	Once In 4 hr., Post-op
<input type="checkbox"/> Prothrombin time with INR	Once In 4 hr., Post-op
<input type="checkbox"/> CBC with differential	Once In 4 hr., Post-op

Labs Tomorrow

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

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Rehab

Consults

Additional Orders

Discharge

Discharge Order (Single Response)

<input type="checkbox"/> Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
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Discontinue tubes/drains

<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

<input type="checkbox"/> Activity as tolerated	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> No driving for 2 weeks	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

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

Patient to notify physician

<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal, 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, Normal, Scheduling/ADT

<input type="checkbox"/>	Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Call physician for:	Routine, Normal, 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, Normal, 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, Normal, 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