

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

<input type="checkbox"/> Full Code	Code Status decision reached by: Post-op
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<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"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
<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

Nursing

Notify Physician

<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 150 Systolic BP less than: 90 Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 26 Respiratory rate less than: 12 SpO2 less than: 95
<input checked="" type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Neck swelling or difficulty breathing, Post-op
<input checked="" type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Tingling around mouth or fingers/hands, cramping in hands, Post-op
<input checked="" type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Calcium less than 7, Post-op
<input checked="" type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Nausea/vomiting not controlled, Post-op
<input checked="" type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Inability to keep down oral medications, Post-op

Vitals

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 4 hours For 2 Occurrences, Post-op
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Vital signs - T/P/R/BP

Routine, Every 8 hours, Starting H+8 Hours, Post-op

Activity

Out of bed

Routine, 3 times daily For Until specified

Specify: Out of bed

Out of bed for 1 hour at a time, or as tolerated, Post-op

Nursing Assessment

Neurological assessment

Routine, Every 4 hours

Assessment to Perform:

Post-op

Strict intake and output

Routine, Every 8 hours

Record all oral and IV fluid intake and all output including drains, tubes, nasogastric tube and foley catheter, Post-op

Height and weight

Routine, Once, Post-op

Nursing Interventions

Head of bed

Routine, Until discontinued, Starting S

Head of bed:

Unless contraindicated, Post-op

Patient education

Routine, Once

Patient/Family:

Education for:

Post-op

Drain care

Routine, Until discontinued, Starting S

Drain 1:

Drain 2:

Drain 3:

Drain 4:

All Drains:

Post-op

Wound Care

Provide suture tray to patient bedside

Routine, Once, Post-op

Diet

NPO

Diet effective now, Starting S

NPO:

Pre-Operative fasting options:

Post-op

Diet - Clear Liquids

Diet effective now, Starting S

Diet(s): Clear Liquids

Advance Diet as Tolerated?

Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Post-op

Medications

Medications

Calcium Supplementation (Single Response)

() Post Op PTH level LESS than 10

calcitriol (ROCALTROL) capsule 0.25 mcg, oral, 3 times daily, Post-op

calcium carbonate (TUMS) chewable tablet 1,500 mg, oral, 3 times daily, Post-op

() Post Op PTH level BETWEEN 10 and 15

calcitriol (ROCALTROL) capsule 0.25 mcg, oral, every 12 hours, Post-op

calcium carbonate (TUMS) chewable tablet 1,000 mg, oral, 2 times daily, Post-op

() Post Op PTH level GREATER than 15

calcium carbonate (TUMS) chewable tablet 1,000 mg, oral, every 6 hours, Post-op

Pain Management

[] For Mild Pain - acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[] For Moderate Pain - acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours PRN, moderate pain (score 4-6), Post-op
[] For Severe Pain - acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op

Labs

Labs

[] Parathyroid hormone	Once For 1 Occurrences Check PTH level 30 mins post operation and in the morning if staying overnight., PACU & Post-op
[] Calcium level	Once For 1 Occurrences Check 4 hours post operation and in the morning if staying overnight, PACU & Post-op