

## 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:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| <input type="checkbox"/> Outpatient observation services under general supervision | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Outpatient in a bed - extended recovery                   | Diagnosis:<br>Admitting Physician:<br>Bed request comments:<br>PACU & Post-op                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Transfer patient                                          | Level of Care:<br>Bed request comments:<br>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:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| <input type="checkbox"/> Transfer patient       | Level of Care:<br>Bed request comments:<br>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:<br>Bed request comments:<br>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:<br>Post-op            |
| <input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required) |                                                        |
| <input type="checkbox"/> DNR (Do Not Resuscitate)                      | Does patient have decision-making capacity?<br>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	
<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

<input type="checkbox"/> For Mild Pain - acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
<input type="checkbox"/> For Moderate Pain - acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours PRN, moderate pain (score 4-6), Post-op
<input type="checkbox"/> 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

<input type="checkbox"/> Parathyroid hormone	Once For 1 Occurrences Check PTH level 30 mins post operation and in the morning if staying overnight., PACU & Post-op
<input type="checkbox"/> Calcium level	Once For 1 Occurrences Check 4 hours post operation and in the morning if staying overnight, PACU & Post-op