

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	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/>	Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/>	Admit to Inpatient	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 | 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 | Admitting Physician:
Patient Condition:
Bed request comments:
PACU & Post-op |
| <input type="checkbox"/> Outpatient in a bed - extended recovery | 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 | 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) (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	
<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 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 type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Neck swelling or difficulty breathing, Post-op
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Tingling around mouth or fingers/hands, cramping in hands, Post-op
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Calcium less than 7, Post-op
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Nausea/vomiting not controlled, Post-op
<input 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
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 8 hours, Starting H+8 Hours, Post-op

Activity

<input type="checkbox"/> 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
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Nursing Assessment

<input type="checkbox"/> Neurological assessment	Routine, Every 4 hours Assessment to Perform: Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> Height and weight	Routine, Once, Post-op

Nursing Interventions

<input type="checkbox"/> Head of bed	Routine, Until discontinued, Starting S Head of bed: Unless contraindicated, Post-op
<input type="checkbox"/> Patient education	Routine, Once Patient/Family: Education for: Post-op
<input type="checkbox"/> Drain care	Routine, Until discontinued, Starting S Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Post-op

Wound Care

<input type="checkbox"/> Provide suture tray to patient bedside	Routine, Once, 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 - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

Nursing orders

<input type="checkbox"/> Apply ice pack	Routine, Until discontinued, Starting S For 24 Hours Affected area: incision site Waking hours only? Nurse to schedule? Special Instructions: Do not put ice directly on the skin.
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IV Fluids

Labs

Labs

<input type="checkbox"/> Parathyroid Hormone	
<input type="checkbox"/> Parathyroid hormone	Once For 1 Occurrences Check PTH level 30 mins post operation., PACU & Post-op
<input type="checkbox"/> Parathyroid hormone	AM draw, Starting S+1 at 4:00 AM For 1 Occurrences In the morning of POD 1, PACU & Post-op
<input type="checkbox"/> Calcium Level	
<input type="checkbox"/> Calcium level	Once For 1 Occurrences Check 4 hours post operation, PACU & Post-op

Calcium level

AM draw, Starting S+1 at 4:00 AM For 1 Occurrences
In the morning of POD 1, PACU & 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

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

() Post Op PTH level BETWEEN 10 and 15

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

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

() Post Op PTH level GREATER than 15

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

levothyroxine (SYNTHROID) tablet 1.5 mcg/kg, oral, daily at 0600, Starting S+1

Pain management medication

Cepacol Max Lozenges / Chloraseptic 1.4% Aerosol
Spray (Single Response)

() benzocaine-menthol (CEPACOL MAX) 1 lozenge, buccal, every 2 hour PRN, sore throat
15-3.6 mg lozenge Allow 1 lozenge to dissolve slowly in mouth

() phenol (CHLORASEPTIC) 1.4 % spray 1 spray, Mouth/Throat, every 2 hour PRN, sore throat
Spray on the throat; keep in place for 15 seconds, then spit out

acetaminophen (TYLENOL) tablet 1,000 mg, oral, every 8 hours
Give as soon as patient can tolerate oral medication. Dose must be at least 6 hours after previous dose of acetaminophen, if given preoperatively or intraoperatively.

lidocaine (LIDODERM) 5 % 1 patch, transdermal, for 12 Hours, daily PRN, mild pain (score 1-3), moderate pain (score 4-6), Neck pain after surgery
Place the patch on the back of the neck or most painful area.
Do not apply on the incision site.

traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, severe pain (score 7-10)

VTE

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay less than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders