

General

Nursing

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min For 2 Occurrences, PACU & Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min For 4 Occurrences, PACU & Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 min times 4, then every 30 min times 2, then every 1 hour times 2., PACU & Post-op

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 30 mins, PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 1 Hours, PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 2 Hours, PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours Then may resume pre-procedure activity., PACU & Post-op

Nursing

<input type="checkbox"/> Initial measurement of exposed length	Routine, Once For 1 Occurrences Initial measurement of exposed length of Biliary catheter is ___ inches or ___ centimeters., PACU & Post-op
<input type="checkbox"/> Measure drainage	Routine, Every 12 hours Type of drain: Other Specify: Biliary catheter External drainage; biliary catheter to drainage bag. Document in Epic., PACU & Post-op
<input type="checkbox"/> Drain to gravity bag drainage	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Drain capped to internal drainage	Routine, Until discontinued, Starting S May uncap to gravity bag drainage if worsening fever or abdominal pain., PACU & Post-op
<input type="checkbox"/> Drain Care	<b>"And" Linked Panel</b>
<input type="checkbox"/> Drain care	Routine, Now then every 12 hours Type of drain: Other Specify: biliary catheter Specify location: Drain Number: Drainage/Suction: Flush Biliary catheter every 12 hours (whether capped or to drainage bag). Flush with 10-12cc Normal Saline. NEVER CLAMP OR ASPIRATE from the catheter., PACU & Post-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours, PACU & Post-op
<input type="checkbox"/> Change dressing	Routine, Daily At biliary catheter site, nurse may use paper or Hypafix tape if skin is irritated. Also PRN., PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instruction: ____, PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instruction: ____, PACU & Post-op

Diet

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

#### Notify

<input type="checkbox"/> Notify Interventional Radiology of worsening abdominal pain or bloody output from drain cath	Routine, Until discontinued, Starting S, Specify site access: *** Please call 713-441-6540., PACU & Post-op
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## 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

## IV Fluids

#### IV Fluids

<input type="checkbox"/> sodium chloride 0.9% infusion	intravenous, continuous, PACU & Post-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	intravenous, continuous, PACU & Post-op
<input type="checkbox"/> dextrose 5% infusion	intravenous, continuous, PACU & Post-op

## Medications

#### Premedications

<input type="checkbox"/> acetaminophen (OFIRMEV) intravenous solution	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, Pre-Procedure IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 6 hours, Pre-Procedure
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream	1 application, Topical, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> dexamethasone (DECADRON) IV	10 mg, intravenous, once, For 1 Doses, Pre-Procedure

#### 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 (ZOFTRAN) IV	4 mg, intravenous, once PRN, nausea, vomiting, PACU & Post-op

## IV Fluids

## VTE

## Labs

## 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: Clearing specialty: Scheduling/ADT
<input type="checkbox"/>	Discharge to home	Routine, Once Discharge Criteria: Clearing specialty: Discharge patient to home at ***, Scheduling/ADT

### 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 - REQUIRED

<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 days	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