

General

Nursing

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 2, then every 1 hour times 1, PACU & Post-op
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Nursing

<input type="checkbox"/> Discontinue IV	Routine, Once, PACU & Post-op
<input type="checkbox"/> Discharge Home	Routine, Once For 1 Occurrences At ***, if stable. Confirm medication reconciliation is complete., PACU

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: PACU & Post-op
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<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
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IV Fluids

Medications

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

Medications

<input type="checkbox"/> ondansetron (ZOFTRAN) IV	8 mg, intravenous, every 6 hours PRN, nausea, PACU & Post-op
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VTE

Labs

Labs

Hepatic function panel AM draw, Starting S+1 For 1 Occurrences, Post-op

Cardiology

Imaging

Nuclear

NM Spect Liver Imaging Routine, 1 time imaging, Starting S+1 For 1
In AM, call dept for questions x12282., Post-op

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders

Discharge

Discharge Order (Single Response)

Discharge patient when criteria met Routine, Once
Discharge Criteria:
Clearing specialty:
Scheduling/ADT

Discontinue tubes/drains

Discontinue Foley catheter Routine, Once, Scheduling/ADT
 Discharge home with Foley catheter Routine, Once, Scheduling/ADT
 Discontinue IV Routine, Once For 1 Occurrences, Scheduling/ADT
 Deaccess port
 Deaccess Port-a-cath Routine, Once, Scheduling/ADT
 heparin, porcine (PF) 100 unit/mL injection intra-catheter, once, Scheduling/ADT

Discharge Activity - REQUIRED

Activity as tolerated Routine, Normal, Scheduling/ADT
 Ambulate with assistance or assistive device Routine, Normal, Scheduling/ADT
 Lifting restrictions Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
 Weight bearing restrictions (specify) Routine, Normal, Scheduling/ADT
Weight Bearing Status:
Extremity:

 Moderate bedrest with complete pelvic rest (no tampons, douching, sex) Routine, Normal, Scheduling/ADT
 Complete pelvic rest (no tampons, douching, sex) Routine, Normal, Scheduling/ADT
 No driving for 2 days Routine, Normal, Scheduling/ADT
 Shower instructions: Routine, Normal, Scheduling/ADT, ***
 Discharge activity Routine, Normal, Scheduling/ADT
 Other restrictions (specify): Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

Discharge wound care Routine, Normal, Scheduling/ADT, ***
 Discharge incision care Routine, Normal, Scheduling/ADT, ***
 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