

Location: _____

General

Isolation

- ☐ Airborne isolation status
- ☒ Airborne isolation status Continuous, Routine
- ☐ Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.
Once, Routine
- ☐ Contact isolation status Continuous, Post-op, Routine
- ☐ Droplet isolation status Continuous, Post-op, Routine
- ☐ Enteric isolation status Continuous, Post-op, Routine

Precautions

- ☐ Aspiration precautions Continuous, Post-op, Routine
- ☐ Fall precautions Continuous, Post-op, Routine
Increased observation level needed:
- ☐ Latex precautions Continuous, Post-op, Routine
- ☐ Seizure precautions Continuous, Post-op, Routine
Increased observation level needed:

Nursing

Vital Signs

- ☒ Vital signs - T/P/R/BP Per unit protocol, Post-op, Routine

Activity

- ☒ Ambulate with assistance 3 times daily, Post-op, Routine
Specify: ☐ with assistance

Diet

- ☐ NPO Diet effective now, Post-op, Routine, NPO until no longer nauseated.
NPO:
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient.

- ☐ Diet - Diet effective now, Routine

Diet(s): ☐ Regular

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

- ☐ Diet clear liquid Diet effective now, Post-op, Routine

Diet(s): ☐ Clear Liquids

Advance Diet as Tolerated? ☐ Yes

Cultural/Special:

Other Options:

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

- ☒ Diet - Regular Diet effective now, Post-op, Routine

Diet(s): ☐ Regular

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Sign: _____ Printed Name: _____ Date/Time: _____

Nursing Care

- ☐ **Document Pad Count** Once, 1, Occurrences, Post-op, Routine, Prior to Discharge
- ☐ **Remove Foley catheter** Once, Post-op, Routine
- ☐ **Post-op voiding trial** Once, Post-op, Routine
- ☐ **Straight cath** Conditional Frequency, 1, Occurrences, Post-op, Routine, Post bladder scan and bedpan

Discharge

- ☒ **Discharge instructions** Until discontinued, Post-op, Routine, Evaluate for discharge if patient is voiding, ambulating, and has no nausea/vomiting, . May discharge with copy of printed post operative discharge instructions and copies of prescriptions, if indicated.
- ☐ **Discharge Patient** Until discontinued, Post-op, Routine, Discharge patient at ***. Confirm that medication reconciliation is complete prior to discharge.

IV Fluids

IV Fluids

- ☐ **dextrose 5 % and lactated Ringer's infusion** 125 mL/hr, intravenous, continuous, Post-op
- ☐ **dextrose 5%-0.9% sodium chloride infusion** 125 mL/hr, intravenous, continuous, Post-op

Peripheral IV Access

- ☒ **Initiate and maintain IV**
 - ☒ **Insert peripheral IV** Once, Routine
 - ☒ **sodium chloride 0.9 % flush** 10 mL, every 12 hours scheduled, line care
 - ☒ **sodium chloride 0.9 % flush** 10 mL, intravenous, PRN, line care

Medications

- ☐ **ERAS Pain Medications**

When selecting pain medications within this section, please be sure to deselect duplicate medications from the pain control section of this order set.

- ☐ **Scheduled**

Select one scheduled NSAID and one scheduled Tylenol order

- ☒ **ibuprofen (MOTRIN)** (Required)

☐ **ibuprofen (ADVIL) tablet 800 mg** 800 mg, oral, every 8 hours scheduled, S+1
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **ibuprofen (ADVIL) tablet 600 mg** 600 mg, oral, every 6 hours scheduled, S+1
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

- ☒ **acetaminophen (TYLENOL) tablet** (Required)

☐ **acetaminophen ER (TYLENOL) 650 mg** 650 mg, oral, every 8 hours scheduled, 4, Days, S+1
Start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **acetaminophen (TYLENOL) tablet 1000 mg** 1000 mg, oral, every 6 hours scheduled, 4, Days, S+1
Start after Anesthesia care ends - give 6 hrs after last dose of Acetaminophen(OFIRMEV) IV dose if given intraop.

☐ **acetaminophen (TYLENOL) tablet 650 mg** 650 mg, oral, every 6 hours scheduled, 4, Days, S+1
start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

- ☐ **Avoid in patients >= 65 years old - gabapentin (NEURONTIN) oral** 300 mg, oral, nightly

- ☐ **PRN ONLY for Moderate to Severe Pain**

- ☐ **PRN severe pain**

☐ **oxyCODone (ROXICODONE) IR tablet 5 mg** 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6)
Allowance for Patient Preference: o Nurse may administer for higher level of pain per patient request (selection)
Give if patient can receive oral tablet/capsule.

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **oxyCODone (ROXICODONE) IR tablet 10 mg** 10 mg, oral, every 4 hours PRN, severe pain (score 7-10)

Allowance for Patient Preference:

Give if patient can receive oral tablet/capsule.

☐ **oxyCODONE (ROXICODONE) IR tablet 5 mg** 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6)
severe pain (score 7-10)

Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request

Start after Anesthesia care ends

Give if patient can receive oral tablet/capsule.

☐ **Breakthrough pain - hydromorPHONE (DILAUDID) injection** 0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)

For breakthrough pain

☐ **Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose**

☒ **ketorolac (TORADOL) IV**

☐ **ketorolac (TORADOL) 15 mg IV Q6H** 15 mg, intravenous, every 6 hours
Then switch to oral NSAID

☐ **ketorolac (TORADOL) 15 mg IV Q8H** 15 mg, intravenous, every 8 hours
Then switch to oral NSAID

☐ **ketorolac (TORADOL) 30 mg IV Q6H** 30 mg, intravenous, every 6 hours
Then switch to oral NSAID

☐ **ketorolac (TORADOL) 30 mg IV Q8H** 30 mg, intravenous, every 8 hours
Then switch to oral NSAID.

☒ **Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses**

☐ **celecoxib (CeleBREX) 200 mg** 200 mg, oral, once, 1, Occurrences

Do not administer if CrCl < 30 mL/min

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **ibuprofen (ADVIL) 400 mg** 400 mg, oral, once, 1, Occurrences

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **ibuprofen (ADVIL) 600 mg** 600 mg, oral, once, 1, Occurrences

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **ibuprofen (ADVIL) 800 mg** 800 mg, oral, once, 1, Occurrences

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **naproxen (NAPROSYN) tablet** 375 mg, oral, once, 1, Occurrences

DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

Moderate Pain (Pain Score 4-6)

☐ **acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet** 2 tablet, oral, every 3 hours PRN, Post-op, moderate pain (score 4-6)

Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

☐ **ketorolac (TORADOL) tablet - Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury** 10 mg, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

Severe Pain (Pain Score 7-10)

☐ **morPHINE injection** intravenous, every 3 hours PRN, Post-op, and Notify MD, severe pain (score 7-10)

☐ **Adjunct Medication Option: ketorolac (TORADOL) IV**

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

Sign: _____ Printed Name: _____ Date/Time: _____

- ☐ For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
- ☐ For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

Antiemetics - HMM, HMSJ, HMW, HMCCH HMTW Only

☒ **ondansetron (ZOFTRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

☒ **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☒ **promethazine (PHENERGAN)**

☒ **promethazine (PHENERGAN) 12.5 mg IV** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

☒ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

☒ **promethazine (PHENERGAN) intraMUSCULAR injection** 12.5 mg, intramuscular, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSL, HMWB, HMCY Only

☒ **ondansetron (ZOFTRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

☒ **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☒ **promethazine (PHENERGAN) IV or Oral or Rectal**

☒ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

☒ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

☒ **ondansetron (ZOFTRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

● **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☑ **promethazine (PHENERGAN) IVPB or Oral or Rectal**

● **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB** 12.5 mg, intravenous, every 6 hours PRN, 30.000 Minutes, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

● **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

● **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

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	<u>One or more</u> of the following medical conditions :	<u>One or more</u> 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	

Sign: _____ Printed Name: _____ Date/Time: _____

Rh Negative Mother

Nursing

- ☐ **Rhogam Workup: If Mother is Rh Negative, complete Rhogam workup and administer Rh immune globulin 50 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.** Until discontinued, Post-op, Routine

Labs

- ☐ **Fetal Screen** Conditional Frequency, 1, Occurrences, Post-op, Routine, Blood, Conditional- One activation- If Rh Negative Mom and Rh Positive infant
- ☐ **Rhogam Type and Screen** Once, Post-op, Routine, Blood

Medication

- ☐ **rho(D) immune globulin (HYPERRHO/RHOGAM) injection** 1500 unit , PRN, 1, Occurrences, Post-op, Rhogam Workup: If Mother is Rh Negative, complete Rhogam workup and administer Rh immune globulin 50 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.

Labs

Other Studies

Respiratory

Consults

For Physician Consult orders use sidebar

Additional Orders