

Hospitalize as: ☐ Inpatient ☐ Outpatient/Observation Care of Dr. _____

Diagnosis: _____ ☐ Treatment Agreement for Substance Use Disorder

Diet: _____

*All "pre-checked" orders will automatically be enacted unless a specific order is written to the contrary.
Any additional orders must be "checked" to activate.*

Patient Care Orders

- ☒ VS q15min x 4, q30min x 2, q1H x 4, continue monitoring as warranted
- ☒ Initiate Inpatient Skin Breakdown Prevention Protocol
- ☒ I & O q shift
- ☒ Initiate Pneumonia Prevention Bundle
- ☒ Education (specify) Post-operative self-care and management
- ☒ Tobacco Cessation Education
- ☒ Initiate Clostridium difficile (C.diff) Identification Protocol (IC-28)
- ☐ Ambulate up with assist day of surgery
- ☐ Straight Cath if no void 6 hours post-operative Call Provider.
- ☐ May shower in AM
- ☐ Remove vaginal packing at 6AM

Print the following orders if indicated for the patient:

6011-03MR – DVT Prophylaxis
6024-05MR – Telemetry
7130-28MR – Glycemic Protocol
6171-35MR – Nicotine Replacement Therapy

☐ **Pre-fill Voiding Trial Order Set**

- ☒ Activate Pre-fill Voiding Trial Protocol (Form # 6080-168MR)
- ☒ If unable to void within 1/2 hr or void is less than 200 ml, replace cath
- ☒ If voids more than 200 ml within 1/2 hr of cath removal, discharge home

☐ **Urinary Catheter (Foley)**

- ☒ Insert or continue per urinary catheter policy MS-50
- ☒ Bladder Scan (as needed) – Urinary Cath (Foley) Bundle includes: Maintain closed system, Perform hand hygiene, Daily pericare, Catheter secured with anchoring device, Drainage bag below level of bladder at all times, and Assess daily for discontinue

Discontinue Urinary Cath (Foley)

- ☐ at 6AM
- ☐ if stable, adequate urinary output, and ambulating to bathroom

Laboratory

- ☐ CBC With Platelet And Differential in AM
- ☐ Basic Metabolic Panel in AM

Pulmonary

- ☒ Oxygen per Hour: Humidified O2 via NC to keep SaO2 greater than or equal to 92%; wean as tolerated
- ☐ Initiate Respiratory Care Assess and Treat Protocol

Medications

Antibiotics:

- Use the following for ROUTINE SURGICAL PROPHYLAXIS
- Pharmacy will auto-correct the dose based on weight if the wrong option is chosen
- Patient weight less than 120 kg
 - ☐ Cefazolin (Ancef/Kefzol Duplex) 2 G IV Q8H X 2 doses, excluding pre-op dose. First dose given at _____ in _____
- Patient weight greater than or equal to 120 kg
 - ☐ Cefazolin (Ancef/Kefzol Duplex) 3 G IV Q8H X 2 doses, excluding pre-op dose. First dose given at _____ in _____

Alternative for patients with Beta-lactam allergy [NOTE: Gentamicin does NOT need to be given post-op if given pre-op.]

- ☐ Clindamycin -D5W (Cleocin-IV Premix) 900 MG IV Q8H X 2 doses, excluding pre-op dose. First dose given at _____ in _____.

---OR---

- ☐ Metronidazole **PLUS** Ciprofloxacin:

- metroNIDAZOLE-N/S (Flagyl-IV Premix) 500 MG IV Q8H X 2 DOSES. First dose given at _____ in _____.
- Ciprofloxacin-D5W (Cipro-IV Premix) 400 MG IV Q12H X1 DOSE. First dose given at _____ in _____.

Antiemetics:

- ☐ Zofran 4 mg IV Q6H PRN nausea/vomiting. If ineffective after one dose, use phenergan if ordered.
- ☐ Phenergan 12.5 mg IV infused over at least 10 minutes, every 3 hours PRN nausea/vomiting. CAUTION: EXTRAVASATION CAUSES SEVERE TISSUE DAMAGE.

Wentworth-Douglass Hospital
PHYSICIAN ORDERS

**GYNECOLOGIC SERVICES
SURGERY ORDERS**



PO0020

6217-12MR
Rev. 05/29/18

Analgesics: Non-opioids:

Offer alternative pain control options: Reiki, massage, aromatherapy, C.A.R.E Channel

Oral Medications

- ☒ Communication: Patient should not receive Motrin AND Toradol.
- ☐ Ibuprofen (Motrin) 600 MG PO Q6H PRN mild pain. Hold if receiving Toradol.

Parenteral Medications

- For Toradol: Hold if patient is allergic to aspirin or NSAIDS or is taking NSAIDS. Reduce dose to 15 mg IV in patients less than 50 kg, OR CrCL less than 30 ml/min, OR over 65 years old.
 - ☐ Ketorolac Tromethamine (Toradol) 15 MG IV Q6H PRN pain of 5–10, if Morphine ineffective
 - OR---**
 - ☐ Ketorolac Tromethamine (Toradol) 30 MG IV Q6H X4 DOSES. Reduce dose to 15 mg IV in patients less than 50 kg, OR CrCL less than 30 ml/min, OR over 65 years old.

Analgesics: Opioids:**Oral Analgesics**

- ☐ HYDROcodone/Acetamin– 5/325 (Norco/Vicodin) 1 TABLET PO Q___H PRN moderate pain
- ☐ HYDROcodone/Acetamin– 5/325 (Norco/Vicodin) 2 TABLETS PO Q___H PRN severe pain
- ☐ oxyCODONE/Acetaminophen – 5/325 (Percocet – 5/325 1 TABLET PO Q___H PRN moderate pain
- ☐ oxyCODONE/Acetaminophen – 5/325 (Percocet – 5/325 2 TABLETS PO Q___H PRN severe pain
- ☐ HYDROmorphine (Dilaudid) 2 MG PO Q___H PRN moderate pain

IV Analgesics

- PT. ON PCA – ONLY THE PCA ORDERING PHYSICIAN CAN ACTIVATE THE FOLLOWING
- See PCA Orders (6121–07MR)
- Choose one of the following:
 - ☐ Morphine Sulfate 1 mg IV Q 1 hr PRN for mild pain. If po and IV ordered use IV if unable to tolerate po or po ineffective.
 - ☐ Morphine Sulfate 2 mg IV Q 1 hr PRN for moderate pain. If po and IV ordered use IV if unable to tolerate po or po ineffective.
 - ☐ Morphine Sulfate 4 mg IV Q 1 hr PRN for severe pain. If po and IV ordered use IV if unable to tolerate po or po ineffective.
 - OR-----**
 - ☐ HYDROmorphine–IV (Dilaudid–IV) 0.5 MG IV Q2H PRN moderate pain

Hormone Replacement Therapy

- ☐ Estradiol Patch 0.05 mg (Estraderm) 1 PATCH TRANSDERM X1 DOSE on patient today. Change twice weekly. Note location of patch.

Laxatives: Stool Softeners

- ☐ Docusate Sodium (Colace) 100 MG PO BID PRN constipation. Hold for loose stools.

Sleep/Anxiety

- ☐ LORazepam (Ativan) _____MG PO Q _____PRN sleep/anxiety. May give IV if unable to tolerate PO.
- ☐ LORazepam (Ativan) _____MG IV Q _____PRN sleep/anxiety

IV Fluids

- ☐ Lactated Ringers 1000 ml @ _____ml/hr

Consults:

- ☐ Physician Consult
- ☐ Diabetes Services Consult
- ☐ Nutritional Consult
- ☐ Wound Consult

Notify Provider

- | | |
|--|--|
| <input checked="" type="checkbox"/> for temp greater than 38 C | <input checked="" type="checkbox"/> for SBP greater than 170 or less than 80 |
| <input checked="" type="checkbox"/> for pulse greater than 120 or less than 60 | <input checked="" type="checkbox"/> for DBP greater than 110 or less than 50 |
| <input checked="" type="checkbox"/> for respiration greater than 24 or less than 4 | <input checked="" type="checkbox"/> if urinary output less than 0.5 ml/kg/hr for 2 hrs |

Physician Signature

Date / Time

Wentworth–Douglass Hospital
PHYSICIAN ORDERS

**GYNECOLOGIC SERVICES
SURGERY ORDERS**



PO0020

6217–12MR
Rev. 05/29/18

Page 2 of 2