

Allergies: _____

LABORATORY/ DIAGNOSTICS: (check box/ fill in to activate)

Hct in AM POD # 1 Hct in AM POD # 2 Other: _____

DIET: (check box to activate)

NPO except ice chips and sips of water Advance diet as tolerated

IV THERAPY: (check box/ fill in to activate)

D₅ LR with _____ mEq potassium chloride, to infuse at _____ mL/ hour
 0.9% NS with _____ mEq potassium chloride, to infuse at _____ mL/ hour
 Discontinue IV when tolerating oral fluids and medications
 I & O while has IV line

NURSING CARE: (check box/ fill in to activate)

Incentive spirometer every 1 - 2 hours while awake. Discontinue staples and place steri-strip POD # _____. Vital signs every 30 minutes X 2, then every hour X 2, then every 4 hours X 24 hours, then every shift. Turn, cough, deep breath and flex toes every 1 - 2 hours while awake. Dangle 6 - 8 hours post op. Ambulate in am POD # 1

Bladder: Foley or suprapubic to dependent drainage. May irrigate suprapubic with sterile saline PRN. D/C Foley catheter POD # _____. Straight cath X 1 PRN if unable to void second time, reinsert Foley. If post residual void is greater than _____ mL, reinsert Foley

NOTIFY PHYSICIAN IF:

Temp greater than 38° C, SBP greater than 160 or less than 80 mm Hg, DBP greater than 100 or less than 50 mm Hg, or urine output less than 90 mL/ 3 hours

MEDICATIONS: (check box to activate)

Pharmacist may adjust doses for age or renal function

Intermittent pneumatic compression (SCDs) until ambulatory then: <input type="checkbox"/> thigh high TEDS <input type="checkbox"/> knee high TEDS	VTE Prophylaxis
<input type="checkbox"/> Dalteparin (Fragmin) 5000 international units SubQ every 24 hours <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg SubQ every 24 hours <input type="checkbox"/> Heparin 5000 units SubQ every 8 hours <input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SubQ every 24 hours	Platelet Inhibition
<input type="checkbox"/> Aspirin EC 325 mg PO daily <input type="checkbox"/> Aspirin EC 81 mg PO daily	Severe Pain PCA
Initiate <i>PCA Protocol</i> : <input type="checkbox"/> HYDRomorphine (Dilaudid) <input type="checkbox"/> Morphine	Severe Pain IV
<input type="checkbox"/> HYDRomorphine (Dilaudid) 0.5 - 1 mg IV every 2 hours PRN. If pain unrelieved in 2 hours, notify physician	Severe Pain PO
<input type="checkbox"/> *Oxycodone/ acetaminophen 5 mg/ 325 mg (Percocet) 1 - 2 PO every 3 hours PRN	Moderate Pain IV
<input type="checkbox"/> Ketorolac (Toradol) 30 mg IV X 1, then 15 mg IV every 6 hours PRN X 48 hours only. Discontinue earlier if taking ibuprofen	Moderate Pain PO
<input type="checkbox"/> *Hydrocodone/ acetaminophen 5 mg/ 325 mg (Norco) 1 - 2 PO every 4 hours PRN	Headache, Mild Pain, Temp >38.5
<input type="checkbox"/> Ibuprofen (Motrin) 600 mg PO every 6 hours PRN If ineffective, then give *Acetaminophen (Tylenol) 325 - 650 mg PO every 4 hours PRN	Nausea/ Vomiting
<input type="checkbox"/> Ondansetron (Zofran) 4 mg IV every 6 hours PRN <input type="checkbox"/> Metoclopramide (Reglan) 10 mg IV every 6 hours. Do not give if age greater than 65 (2 nd choice if ondansetron ordered & ineffective)	Indigestion
<input type="checkbox"/> Aluminum/ magnesium hydroxide/ simethicone (Maalox) 15 mL PO QID PRN	Constipation
Docusate (Colace) 250 mg PO BID. Hold for loose stools. Milk of Magnesia (MOM) conc. 10 mL PO PRN. If ineffective, give Bisacodyl (Dulcolax) 10 mg suppository PR daily PRN. If no BM in AM POD # 2, give 10 mg PR X 1	Gas
<input type="checkbox"/> Simethicone chewable 80 mg PO QID PRN. If ineffective, return flow enema PRN	Insomnia
<input type="checkbox"/> Zolpidem (Ambien) 5 mg PO HS PRN (give 2.5 mg if 65 or older) May repeat X 1	Hormone Replacement
Estradiol patch (Climara) <input type="checkbox"/> 0.1 mg <input type="checkbox"/> 0.05 mg apply to buttocks X 1	Sore Throat
Cepacol throat lozenges PRN	Foley Placement Pain
Lidocaine 2% Jelly (Uro-jet) apply PRN	Prophylaxis Antibiotic
<input type="checkbox"/> Cefazolin (Ancef) 1 g IV every 8 hours X 2 doses (3 total doses). If greater than or equal to 80 kg, increase to 2 g. If allergic , give Clindamycin 600 mg IV every 8 hours X 2 doses (3 total doses) + Aztreonam 1 g 12 hours after preop dose X 1 dose (2 total doses). If greater than or equal to 80 kg, increase Clindamycin to 900 mg + Aztreonam to 2 g. Give 1 st post-op dose at next standard administration time, regardless of when preop dose was given	

See additional orders

*Not to exceed 4000 mg of acetaminophen/ 24 hours

Physician Signature

Date

Time



GYN POSTOP ORDERS

P0221B (Rev 0609) White – Chart Yellow – Pharmacy