

Allergies: _____

Admit to: South 5 other: _____ Admission status: Inpatient Observation SDC

NURSING INTERVENTIONS: (Check box/ fill in to activate)

Vital signs upon return from PACU, then every 15 minutes X 1, then every 30 minutes X 1, then hourly X 2,
then every 4 hours X 24 hours, then every 8 hours until discharge

O₂ 0 – 3 L PRN to keep O₂ sats at 92 – 93%

O₂ sat monitor

Do not place ice or an ice pack on surgical incision as it can compromise the integrity of the incision

If placed in OR, remove Foley by 2359 on POD # 2

Monitor urine output every 8 hours

If urine output less than 240 mL per 8 hours: Assess bladder and perform bladder ultrasound. If residual is more than 300 mL or if patient is uncomfortable with a smaller volume, then perform I & O cath

Strip, empty, and record drain output every 4 hours X 4, then PRN

Teach patient drain care, including stripping

SCDs until ambulatory

Activity:

Dangle X 1 within 3 hours of surgery, sit in chair and begin ambulating

Range of motion (ROM) – begin teaching on surgical side

Shower PRN

Other: _____

Notify Physician If:

O₂ sat less than 90%

New episode of confusion

JP output is greater than 240 mL per 8 hours

Hematoma develops

DIETARY: (Check box/ fill in to activate)

Advance as tolerated ADA: _____ kCALs

Other: _____

IV THERAPY: (Fill in to activate)

D₅ LR to infuse at _____ mL/ hour

Other IV Fluid: _____ to infuse at _____ mL/ hour

Saline lock when tolerating liquids well

Physician Signature

Date

Time



MEDICATIONS: (Check box to activate)

Pharmacist may adjust doses for age or renal function

*Not to exceed 4000 mg of acetaminophen/ 24 hours. **If 65 or older**, not to exceed **3000 mg** of acetaminophen/ 24 hours

<input type="checkbox"/> ceFAZolin (ANCEF) 1 g IV in 8 hours X 1 postop dose. If 80 kg or greater, increase to 2 g. If allergic , clindamycin 600 mg IV in 8 hours X 1 postop dose. If 80 kg or greater, increase to 900 mg <i>Give 1st post-op dose at next standard administration time, regardless of when preop dose was given</i>	Prophylaxis Antibiotic
<input type="checkbox"/> HYDROmorphone (DILAUDID) <i>PCA Orders</i> <input type="checkbox"/> morphine <i>PCA Orders</i> <input type="checkbox"/> fentaNYL <i>PCA Orders</i>	Mild to Severe Pain PCA
<input type="checkbox"/> HYDROmorphone (DILAUDID) 0.5 – 1 mg IV every 2 hours PRN <input type="checkbox"/> morphine 2 - 5 mg IV every 2 hours PRN (If HYDROmorphone ordered and ineffective)	Severe Pain IV
<input type="checkbox"/> *oxyCODONE/ acetaminophen (PERCO CET) 5 mg/ 325 mg 1 – 2 PO every 3 hours PRN	Severe Pain PO
<input type="checkbox"/> *HYDROcodone/ acetaminophen (NORCO) 5 mg/ 325 mg 1 - 2 PO every 4 hours PRN	Moderate Pain PO
<input type="checkbox"/> *acetaminophen (TYLENOL) 650 mg PO every 4 hours PRN	Headache, Mild Pain
<input type="checkbox"/> ketorolac (TORADOL) 15 mg IV every 6 hours. Maximum of 5 days	Moderate Pain or Inflammation IV
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPAZINE) 2.5 - 5 mg IV every 4 hours PRN (2 nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting
<input type="checkbox"/> LORazepam (ATIVAN) 0.5 – 1 mg PO/ IV every 4 hours PRN	Anxiety
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older). May repeat X 1	Insomnia

Other: _____

Physician Signature

Date

Time

