

Allergies: \_\_\_\_\_

Diagnosis/ procedure: \_\_\_\_\_

Admit to:  South 5 or: \_\_\_\_\_ Status:  Inpatient  Observation  SDC

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

- Vital Signs: Every 15 minutes X 1, every 30 minutes X 1, every 1 hour X 2 then every 4 hours
- Incentive Spirometer every \_\_\_\_\_ hours while awake
- O<sub>2</sub> 0 - 3 L PRN to keep sats at 92 - 93%. Notify physician if less than 90% or new episode of confusion
- O<sub>2</sub> sat monitor X 24 hours
- Dressing change POD # \_\_\_\_\_ then PRN
- ABD binder
- I & O:  Every hour  Every 2 hours  Every 8 hours

**Notify physician if:**

- Temp greater than \_\_\_\_\_ °C
- Blood pressure greater than \_\_\_\_\_ or less than \_\_\_\_\_
- Pulse greater than \_\_\_\_\_ or less than \_\_\_\_\_
- Respirations less than \_\_\_\_\_

**Foley:**

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

- Place Foley catheter if no void in 8 hours or Post Void Residual (PVR) over 300 mL
- May straight cath PRN no void in \_\_\_\_\_ hour(s) or discomfort. If straight cath needed a second time, then insert Foley
- If NG tube or Foley catheter accidentally removed between 2200 and 0600, leave out until surgeon AM rounds

**Drains/ Tubes:**

- Drains: \_\_\_\_\_  JP drains to bulbs suction
- Fit Penrose drains with a stoma appliance when possible. If not possible, change dressings around drain PRN
- Place NG to low continuous suction for N/ V unrelieved by medications
- NG to \_\_\_\_\_ suction  Do not reposition  Irrigate \_\_\_\_\_

**Activity:**

- Bedrest  BRP  Up in chair  Up with assistance  Up ad lib

**DIETARY:** (Check box/ fill in to activate)

- Strict NPO  NPO except ice chips Other: \_\_\_\_\_

**IV THERAPY:** (Check box/ fill in to activate)

- D<sub>5</sub> 0.2% NS  D<sub>5</sub> 0.45% NS  Lactated Ringers  D<sub>5</sub> LR Infuse at \_\_\_\_\_ mL/ hour.
- Other Fluid: \_\_\_\_\_ Infuse at \_\_\_\_\_ mL/ hour.

Reduce to 10 mL/ hour or convert to saline lock when PO fluids adequate. Discontinue saline lock PRN

- If urine output less than 100 mL in 4 hours, administer 0.9% NS 500 mL IV bolus over 30 minutes. Repeat PRN X \_\_\_\_\_

**LABORATORY/ DIAGNOSTICS:** (Check box/ fill in to activate)

- Basic Metabolic Panel  CBC  Comprehensive Metabolic Panel  Renal Function Panel
- PT/ INR  UA
- Other: \_\_\_\_\_

**CONSULTS:** (Check box/ fill in to activate)

- Social Work Services for discharge planning
- Ostomy \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



**MEDICATIONS:** (Check box/ fill in 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 every 8 hours X 2 postop doses. If 80 kg or greater, increase to 2 g <b>AND</b> metroNIDAZOLE (FLAGYL) 500 mg IV every 12 hours X 1 postop dose <input type="checkbox"/> ampicillin/ sulbactam (UNASYN) 1.5 g IV every 6 hours X 3 postop doses. If 80 kg or greater, increase to 3 g <input type="checkbox"/> cefoxitin (MEFOXIN) 1 g IV every 6 hours X 3 postop doses. If 80 kg or greater, increase to 2 g <input type="checkbox"/> clindamycin 600 mg IV every 8 hours X 2 postop doses. If 80 kg or greater, increase to 900 mg <b>AND</b> aztreonam (AZACTAM) 1 g IV every 12 hours X 1 postop dose. If 80 kg or greater, increase to 2 g  <i>Give 1<sup>st</sup> post-op dose at next standard administration time, regardless of when preop dose was given</i>	Prophylaxis Antibiotic
<input type="checkbox"/> heparin 5000 units subcutaneously every 12 hours <b>AND</b> SCDs <input type="checkbox"/> heparin 5000 units subcutaneously every 8 hours <b>AND</b> SCDs <input type="checkbox"/> If dalteparin (FRAGMIN) 2500 units given in PCU, then dalteparin 2500 units subcutaneously 8 hours after the first dose, then starting the following day, 5000 units subcutaneously every day <b>AND</b> SCDs <input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously every day <b>AND</b> SCDs	VTE Prophylaxis
<input type="checkbox"/> SCDs <input type="checkbox"/> Knee <input type="checkbox"/> Thigh <input type="checkbox"/> Foot pump	VTE Prophylaxis with <i>high risk of bleeding</i>
<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"/> <i>SubQ Sliding Scale Insulin Orders</i>	Blood Glucose
<input type="checkbox"/> morphine 1 - 5 mg IV every 1 hour PRN. If ineffective, HYDROmorphone (DILAUDID) 0.2 - 1 mg IV every 2 hours PRN. Notify physician is pain unrelieved in 4 hours	Severe Pain <b>IV</b>
<input type="checkbox"/> *oxyCODONE/ acetaminophen (PERCOCET) 5 mg/ 325 mg 1 - 2 PO every 3 hours PRN	Severe Pain <b>PO</b>
<input type="checkbox"/> *HYDROcodone/ acetaminophen (NORCO) 5 mg/ 325 mg 1 - 2 PO every 3 hours PRN	Moderate Pain <b>PO</b>
<input type="checkbox"/> ketorolac (TORADOL) 15 - 30 mg IV every 6 hours PRN X 48 hours	Moderate Pain <b>IV</b>
<input type="checkbox"/> *acetaminophen (TYLENOL) 325 - 650 mg PO every 4 hours PRN	Headache/ Mild Pain/ Temp >38.5° C
<input type="checkbox"/> senna/ docusate (SENOKOT-S) 8.6 mg/ 50 mg 1 PO BID <input type="checkbox"/> polyethylene glycol (MIRALAX) 17 g PO every day PRN	Constipation
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPAZINE) 2.5 - 5 mg IV every 6 hours PRN (2nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting
<input type="checkbox"/> famotidine (PEPCID) 20 mg PO/ IV every 12 hours <input type="checkbox"/> omeprazole (priLOSEC) 20 mg PO every day. If NPO, esomeprazole (nexIUM) 40 mg IV every day	Acid Reducer
<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
<input checked="" type="checkbox"/> lidocaine (URO-JET) 2% jelly apply PRN	Foley Placement Pain

\_\_\_\_\_  
Physician Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Time