

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

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

Diagnosis/ Procedure: \_\_\_\_\_

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

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

Activity: Ambulate within 4 hours with assistance. Contact physician if patient is unable to walk

For prostatectomies, Foley to gravity. Do not remove. Patient to go home with Foley

Remove Foley on POD #1

Continue Foley beyond POD # 2 due to patient condition: \_\_\_\_\_

PVR by BUS every 8 hours. I/O cath for PVR greater than 150 mL. Foley if I/O cath greater than 2 times

Input and Output every  2 hours  4 hours  8 hours

Remove dressing on POD #1

Incentive spirometry every hour while awake

J/P to bulb suction

Instruct patient on use of leg bag

**NOTIFY PHYSICIAN:** (check box to activate)

Contact physician for temp greater than 38°C, heart rate greater than 100 or less than 60, SBP less than 100 or greater than 160, DBP less than 40 or greater than 100

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

0.9% NS  D<sub>5</sub> LR Other: \_\_\_\_\_

To infuse at:  80 mL/ hour  100 mL/ hour  125 mL/ hour  150 mL/ hour or: \_\_\_\_\_

Discontinue IV when tolerating oral fluids and medications

**LABORATORY/ DIAGNOSTICS:** (check box to activate)

CBC & Basic Metabolic Panel (LTD) in PACU  CBC & Basic Metabolic Panel (LTD) in AM of POD #1

**DIET:** (check box/ fill in to activate)

Advance diet as tolerated Other: \_\_\_\_\_

**CONSULTS:** (check box to activate)

SWS for Discharge Planning

\_\_\_\_\_  
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 every 8 hours X 2 postop doses. If greater than or equal to 80 kg, increase to 2 g<br><b>If allergic</b> , give clindamycin 600 mg IV every 8 hours X 2 postop doses. If greater than or equal to 80 kg, increase to 900 mg.<br><i>Give 1<sup>st</sup> post-op dose at next standard administration time, regardless of when preop dose was given</i> | Prophylaxis<br>Antibiotic         |
| <input type="checkbox"/> SCDs<br><input type="checkbox"/> heparin 5000 units subcutaneously every 8 hours<br><input type="checkbox"/> dalteparin (FRAGMIN) 5000 international units subcutaneously every 24 hours<br><input type="checkbox"/> fondaparinux (ARIXTRA) 2.5 mg subcutaneously every 24 hours   | VTE<br>Prophylaxis                |
| <input type="checkbox"/> HYDROMorphone (DILAUDID) <i>PCA Orders</i><br><input type="checkbox"/> morphine <i>PCA Orders</i>  | Mild to Severe Pain<br><b>PCA</b> |
| <input type="checkbox"/> morphine 2 - 4 mg IV every 2 hours PRN. Call physician if pain unrelieved after 4 hours  | Severe Pain <b>IV</b>             |
| <input type="checkbox"/> *oxycodone/ acetaminophen 5 mg/ 325 mg (PERCOCET) 1 tab PO every 4 hours PRN   | Severe Pain <b>PO</b>             |
| <input type="checkbox"/> ketorolac (TORADOL) 15 - 30 mg IV every 6 hours PRN  | Moderate Pain <b>IV</b>           |
| <input type="checkbox"/> *hydrocodone/ acetaminophen 5 mg/ 325 mg (NORCO) 1 - 2 PO every 4 hours PRN  | Moderate Pain <b>PO</b>           |
| <input type="checkbox"/> *acetaminophen (TYLENOL) 650 mg PO every 4 hours PRN   | Mild Pain/ Fever                  |
| <input type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN<br><input type="checkbox"/> metoclopramide (REGLAN) 10 mg IV every 6 hours PRN (2 <sup>nd</sup> choice if ondansetron ordered & ineffective). <b>Do not give if 65 or older</b>   | Nausea/<br>Vomiting               |
| <input type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools.<br><input type="checkbox"/> bisacodyl (DULCOLAX) 10 mg suppository PR daily PRN  | Constipation                      |
| <input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN ( <b>give 2.5 mg if 65 or older</b> ) May repeat X 1  | Insomnia                          |
| <input type="checkbox"/> CEPACOL lozenge 1 PO every 2 hours PRN   | Sore Throat                       |
| <input type="checkbox"/> lidocaine 2% jelly (URO-JET) apply PRN   | Foley Placement Pain              |

Other: \_\_\_\_\_

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Time

