

Allergies: _____

Diagnosis/ procedure: _____

Admit to: South 5 or: _____ Status: Inpatient Observation SDC

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

- Incentive spirometer every 1 - 2 hours while awake
- 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 in 6 - 8 hours and begin ambulation day of surgery if patient tolerates
- Discontinue indwelling urinary catheter (Foley) when ambulatory
Straight cath X 1 PRN. If unable to void second time, reinsert Foley. If post residual void is greater than _____ mL, reinsert Foley

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

- Hct in AM POD # 1
- Hct at 1700 day of surgery
- 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)

IV Fluids: _____ to infuse at _____ mL/ hour

- Discontinue IV when tolerating oral fluids and medications

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
 Urine output less than 90 mL/ 3 hours

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"/> SCDs until ambulatory then: <input type="checkbox"/> thigh high TEDS <input type="checkbox"/> knee high TEDS <input type="checkbox"/> heparin 5000 units subcutaneously every 8 hours <input type="checkbox"/> dalteparin (FRAGMIN) 5000 international units subcutaneously every 24 hours <input type="checkbox"/> fondaparinux (ARIXTRA) 2.5 mg subcutaneously every 24 hours	VTE Prophylaxis
<input type="checkbox"/> HYDROmorphone (DILAUDID) 0.5 - 1 mg IV every 2 hours PRN. If pain unrelieved in 2 hours, notify physician	Severe Pain IV
<input type="checkbox"/> *oxycodone/ acetaminophen 5 mg/ 325 mg (PERCOCET) 1 - 2 PO every 3 hours PRN	Severe Pain PO
<input type="checkbox"/> ibuprofen (MOTRIN) 600 mg PO every 6 hours PRN If ineffective, give *acetaminophen (TYLENOL) 325 - 650 mg PO every 4 hours PRN	Headache, Mild Pain, Temp >38.5
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting
<input type="checkbox"/> aluminum/ magnesium hydroxide/ simethicone (MAALOX) 15 mL PO QID PRN	Indigestion
<input type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools. magnesium hydroxide (MOM) conc. 10 mL PO PRN. If ineffective, give bisacodyl (DULCOLAX) 10 mg suppos PR daily PRN. If no BM in AM POD # 2, give 10 mg PR X 1	Constipation
<input type="checkbox"/> simethicone chewable 80 mg PO QID PRN. If ineffective, return flow enema PRN	Gas
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (give 2.5 mg if 65 or older) May repeat X 1	Insomnia
<input checked="" type="checkbox"/> CEPACOL throat lozenges PRN	Sore Throat
<input checked="" type="checkbox"/> lidocaine 2% jelly (URO-JET) apply PRN	Foley Placement Pain
<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. If allergic , give clindamycin 600 mg IV every 8 hours X 2 postop doses + aztreonam 1 g 12 hours after preop dose X 1 postop dose. If greater than or equal to 80 kg, increase clindamycin to 900 mg + aztreonam to 2 g. <i>Give 1st post-op dose at next standard administration time, regardless of when preop dose was given</i>	Prophylaxis Antibiotic

Physician Signature

Date

Time

