

**General**

**Common Present on Admission Diagnosis**

<input type="checkbox"/> Acidosis	Post-op
<input type="checkbox"/> Acute Post-Hemorrhagic Anemia	Post-op
<input type="checkbox"/> Acute Renal Failure	Post-op
<input type="checkbox"/> Acute Respiratory Failure	Post-op
<input type="checkbox"/> Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
<input type="checkbox"/> Anemia	Post-op
<input type="checkbox"/> Bacteremia	Post-op
<input type="checkbox"/> Bipolar disorder, unspecified	Post-op
<input type="checkbox"/> Cardiac Arrest	Post-op
<input type="checkbox"/> Cardiac Dysrhythmia	Post-op
<input type="checkbox"/> Cardiogenic Shock	Post-op
<input type="checkbox"/> Decubitus Ulcer	Post-op
<input type="checkbox"/> Dementia in Conditions Classified Elsewhere	Post-op
<input type="checkbox"/> Disorder of Liver	Post-op
<input type="checkbox"/> Electrolyte and Fluid Disorder	Post-op
<input type="checkbox"/> Intestinal Infection due to Clostridium Difficile	Post-op
<input type="checkbox"/> Methicillin Resistant Staphylococcus Aureus Infection	Post-op
<input type="checkbox"/> Obstructive Chronic Bronchitis with Exacerbation	Post-op
<input type="checkbox"/> Other Alteration of Consciousness	Post-op
<input type="checkbox"/> Other and Unspecified Coagulation Defects	Post-op
<input type="checkbox"/> Other Pulmonary Embolism and Infarction	Post-op
<input type="checkbox"/> Phlebitis and Thrombophlebitis	Post-op
<input type="checkbox"/> Protein-calorie Malnutrition	Post-op
<input type="checkbox"/> Psychosis, unspecified psychosis type	Post-op
<input type="checkbox"/> Schizophrenia Disorder	Post-op
<input type="checkbox"/> Sepsis	Post-op
<input type="checkbox"/> Septic Shock	Post-op
<input type="checkbox"/> Septicemia	Post-op
<input type="checkbox"/> Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
<input type="checkbox"/> Urinary Tract Infection, Site Not Specified	Post-op

**Elective Outpatient, Observation, or Admission (Single Response)**

<input type="radio"/> Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
<input type="radio"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="radio"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<input type="radio"/> Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op

**Admission or Observation (Single Response)**

Patient has active outpatient status order on file

- |  |  |
|--|--|
| <input type="checkbox"/> Admit to Inpatient  | Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.<br>PACU & Post-op |
| <input type="checkbox"/> Outpatient observation services under general supervision | Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op  |
| <input type="checkbox"/> Outpatient in a bed - extended recovery                   | Admitting Physician:<br>Bed request comments:<br>PACU & Post-op  |
| <input type="checkbox"/> Transfer patient  | Level of Care:<br>Bed request comments:<br>Scheduling/ADT  |
| <input type="checkbox"/> Return to previous bed                                    | Routine, Until discontinued, Starting S, Scheduling/ADT  |

**Admission (Single Response)**

Patient has active status order on file

- |   |  |
|---|--|
| <input type="checkbox"/> Admit to inpatient     | Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.<br>PACU & Post-op |
| <input type="checkbox"/> Transfer patient       | Level of Care:<br>Bed request comments:<br>Scheduling/ADT  |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT  |

**Transfer (Single Response)**

Patient has active inpatient status order on file

- |   |   |
|---|---|
| <input type="checkbox"/> Transfer patient       | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT   |

**Code Status**

- |  |  |
|--|--|
| <input type="checkbox"/> Full Code                                     | Code Status decision reached by:<br>Post-op  |
| <input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required) |  |
| <input type="checkbox"/> DNR (Do Not Resuscitate)                      | Does patient have decision-making capacity?<br>Post-op   |
| <input type="checkbox"/> Consult to Palliative Care Service            | Priority:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>Enter call back number: |
| <input type="checkbox"/> Consult to Social Work                        | Reason for Consult:<br>Post-op   |

<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

### Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

### Precautions

<input type="checkbox"/> Aspiration precautions	Post-op
<input type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Latex precautions	Post-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: Post-op

## Nursing

### Notify Physician

<input type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 150 Systolic BP less than: 90 Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 26 Respiratory rate less than: 12 SpO2 less than: 95
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Neck swelling or difficulty breathing, Post-op
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Tingling around mouth or fingers/hands, cramping in hands, Post-op
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Calcium less than 7, Post-op
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Nausea/vomiting not controlled, Post-op
<input type="checkbox"/> Notify Attending	Routine, Until discontinued, Starting S, Inability to keep down oral medications, Post-op

### Vitals

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 4 hours For 2 Occurrences, Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 8 hours, Starting H+8 Hours, Post-op

### Activity

<input type="checkbox"/> Out of bed	Routine, 3 times daily For Until specified Specify: Out of bed Out of bed for 1 hour at a time, or as tolerated, Post-op
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## Nursing Assessment

<input type="checkbox"/> Neurological assessment	Routine, Every 4 hours Assessment to Perform: Post-op
<input type="checkbox"/> Strict intake and output	Routine, Every 8 hours Record all oral and IV fluid intake and all output including drains, tubes, nasogastric tube and foley catheter, Post-op
<input type="checkbox"/> Height and weight	Routine, Once, Post-op

## Nursing Interventions

<input type="checkbox"/> Head of bed	Routine, Until discontinued, Starting S Head of bed: Unless contraindicated, Post-op
<input type="checkbox"/> Patient education	Routine, Once Patient/Family: Education for: Post-op
<input type="checkbox"/> Drain care	Routine, Until discontinued, Starting S Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Post-op

## Wound Care

<input type="checkbox"/> Provide suture tray to patient bedside	Routine, Once, Post-op
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## Nursing orders

<input type="checkbox"/> Apply ice pack	Routine, Until discontinued, Starting S For 24 Hours Affected area: incision site Waking hours only? Nurse to schedule? Special Instructions: Do not put ice directly on the skin.
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## Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Post-op
<input type="checkbox"/> Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

## IV Fluids

## Labs

### Labs

<input type="checkbox"/> Parathyroid Hormone	
<input type="checkbox"/> Parathyroid hormone	Once For 1 Occurrences Check PTH level 30 mins post operation., PACU & Post-op
<input type="checkbox"/> Parathyroid hormone	AM draw, Starting S+1 at 4:00 AM For 1 Occurrences In the morning of POD 1, PACU & Post-op
<input type="checkbox"/> Calcium Level	
<input type="checkbox"/> Calcium level	Once For 1 Occurrences Check 4 hours post operation, PACU & Post-op

Calcium level

AM draw, Starting S+1 at 4:00 AM For 1 Occurrences  
In the morning of POD 1, PACU & Post-op

## Medications

### Calcium and Vitamin D

<input type="checkbox"/> calcium carbonate (TUMS) chewable tablet	1,000 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> calcium citrate-vitamin D3 (CITRACAL+D) 315 mg-5 mcg (200 unit) per tablet	1 tablet, oral, 2 times daily, Post-op
<input type="checkbox"/> cholecalciferol oral	2,000 Units, oral, daily, Post-op
<input type="checkbox"/> calcitriol (ROCALTROL) capsule	oral, daily, Post-op

### Pain management medication

<input type="checkbox"/> Cepacol Max Lozenges / Chloraseptic 1.4% Aerosol Spray (Single Response)	
( ) benzocaine-menthol (CEPACOL MAX) 15-3.6 mg lozenge	1 lozenge, buccal, every 2 hour PRN, sore throat Allow 1 lozenge to dissolve slowly in mouth
( ) phenol (CHLORASEPTIC) 1.4 % spray	1 spray, Mouth/Throat, every 2 hour PRN, sore throat Spray on the throat; keep in place for 15 seconds, then spit out
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours Give as soon as patient can tolerate oral medication. Dose must be at least 6 hours after previous dose of acetaminophen, if given preoperatively or intraoperatively.
<input type="checkbox"/> lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, daily PRN, mild pain (score 1-3), moderate pain (score 4-6), Neck pain after surgery Place the patch on the back of the neck or most painful area. Do not apply on the incision site.
<input type="checkbox"/> tramADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10)

## VTE

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders