

Nursing

Nursing

<input checked="" type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences Via Finger Stick or Serum for all diabetic patients on arrival to PACU, PACU
<input checked="" type="checkbox"/> Notify Anesthesia	Routine, Until discontinued, Starting S, If glucose is below 70 mg/dL or above 250 mg/dL, PACU
<input checked="" type="checkbox"/> Bedside glucose	Routine, Conditional Frequency For 1 Occurrences Via serum or finger stick for all diabetic patients on arrival to PACU, PACU
<input type="checkbox"/> Ok to use Central Line	Routine, Until discontinued, Starting S Device: Central Line if (answer = Other) Other: PACU
<input type="checkbox"/> Discontinue arterial line	Routine, Once Prior to discharge from the PACU, PACU
<input type="checkbox"/> Deaccess Port-A-Cath	Routine, Once, PACU

IV Fluids

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> lactated Ringer's infusion	30 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> For patients on dialysis OR coming for dialysis access - sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
<input checked="" type="checkbox"/> For patients diagnosed with Renal Failure and/or CHF - sodium chloride 0.9 % infusion	500 mL, intravenous, at 30 mL/hr, PRN, If Patient diagnosed with Renal Failure and/or Congestive Heart Failure, Post-op

Post-Op Medications

Post-Op Pain Medications: Option 1 (Single Response)

<input checked="" type="checkbox"/> Option 1 (Single Response)	
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 5 min PRN, other, Option 1 for pain score 4-10, For 6 Doses, PACU Option 1 Medication: Monitor and record pain scores and respiratory status.
<input type="checkbox"/> morPHINE injection	3 mg, intravenous, every 5 min PRN, other, Option 1 for pain score 4-10, For 5 Doses, PACU Option 1 Medication: Monitor and record pain scores and respiratory status.
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.3 mg, intravenous, every 5 min PRN, other, Option 1 for pain score 4-10, For 6 Doses, PACU Option 1 Medication: Monitor and record pain scores and respiratory status.

Post-Op Pain Medications: Option 2 (Single Response)

Option 2 will only be administered ONLY if patient has failed to achieve adequate pain relief from Option 1 maximum dose

<input checked="" type="checkbox"/> Option 2 (Single Response)	
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 5 min PRN, other, Option 2 for pain score 4 - 10, For 6 Doses, PACU Administer Option 2 ONLY if patient failed to achieve adequate pain relief from Option 1 doses. Monitor and record pain scores and respiratory status.

<input type="checkbox"/> morPHINE injection	3 mg, intravenous, every 5 min PRN, other, Option 2 for pain score 4 - 10, For 5 Doses, PACU Administer Option 2 ONLY if patient failed to achieve adequate pain relief from Option 1 doses. Monitor and record pain scores and respiratory status.
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.3 mg, intravenous, every 5 min PRN, other, Option 2 for pain score 4 - 10, PACU Administer Option 2 ONLY if patient failed to achieve adequate pain relief from Option 1 doses. Monitor and record pain scores and respiratory status.

Post-Op Pain Medications: Additional

<input type="checkbox"/> acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, PACU IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met? if (answer = Formulary policy override (Pharmacist use only)) RX only: Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent: if (answer = No) HM Policy Alert:
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No Analgesics Indicated for Post Op Pain Management

<input type="checkbox"/> Anesthesia communication	Routine, Until discontinued, Starting S No analgesics indicated for post op pain management, PACU
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Post-Op Shivering

<input type="checkbox"/> meperidine (DEMEROL) injection	12.5 mg, intravenous, every 5 min PRN, shivering, For 2 Doses, PACU May give a second dose of 12.5 milligrams after 5 minutes if patient continues to shiver. For PACU Use Only. Monitor and record respiratory status. Formulary approved non-pain management indication(s) :
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naloxone (NARCAN) - for Respiratory Depression

For patients with Respiratory Rate LESS than 8 per minute OR if patient is stuporous or unarousable.

<input checked="" type="checkbox"/> naloxone (NARCAN) injection	0.1 mg, intravenous, every 1 min PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., PACU Repeat Naloxone 0.1 mg once in 2 minutes if necessary (MAXIMUM 0.2 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. Notify Anesthesia if administered.
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Post-Op Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, once PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel

<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV	6.25 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.

Post-Op Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, once PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	6.25 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, PACU Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, once PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in 50 mL NS IVPB	12.5 mg, intravenous, at 100 mL/hr, for 30 Minutes, every 6 hours PRN, nausea, vomiting, PACU Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. If there are active tasks available for both ondansetron and promethazine, you may administer promethazine if ondansetron is ineffective. Give through a large vein (avoid hand or wrist if possible). STOP administration if pain, redness, or burning occurs. Doses greater than 12.5 mg can only be administered via CENTRAL access.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antihypertensives

<input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection vial	10 mg, intravenous, every 15 min PRN, high blood pressure, for Systolic Blood Pressure GREATER than 160., For 2 Doses, PACU Do not give if heart rate is LESS than 60 beats per minute. Maximum daily dose of 20 mg. For PACU Use Only
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	5 mg, intravenous, every 20 min PRN, high blood pressure, for Systolic Blood Pressure GREATER than 160., For 2 Doses, PACU Use for heart rate LESS than 60 beats per minute. Maximum Daily Dose of 10 mg. For PACU Use Only BP HOLD parameters for this order: if (answer = BP Hold Parameters requested) BP HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): Contact Physician if:

Post-Op Muscle Relaxers

<input type="checkbox"/> methocarbamol (ROBAXIN) 750 mg in sodium chloride 0.9 % 100 mL IVPB	750 mg, intravenous, for 60 Minutes, once PRN, muscle spasms, spasms, PACU
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Post-Op Anxiolytics (Single Response)

<input type="checkbox"/> midazolam (VERSED) injection	2 mg, intravenous, once PRN, anxiety, PACU Indication(s): if (answer = Other) Specify:
<input type="checkbox"/> LORazepam (ATIVAN) injection	0.5 mg, intravenous, once PRN, anxiety, may repeat one time in 10 minutes., PACU Indication(s): Anxiety if (answer = Other) Specify:

Post-Op Respiratory

<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, once, For 1 Doses, PACU Aerosol Delivery Device: if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications:
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, once, For 1 Doses, PACU Aerosol Delivery Device: if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications:

Post-Op Itching

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once PRN, itching, PACU Diphenhydramine (BENADRYL) injection is the 1st choice for itching.
<input type="checkbox"/> nalbuphine (NUBAIN) injection	2 mg, intravenous, every 2 hour PRN, itching, PACU Nalbuphine (NUBAIN) injection is the 2nd option for itching if diphenhydramine (BENADRYL) is ineffective.

Post-Op Infusions

<input type="checkbox"/> dexMEDEtomidine (PREcedex) 4 mcg/ml infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous, PACU
<input type="checkbox"/> norepinephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, continuous, PACU

Post-Op AOD Medications

Post-Op AOD orders are only for AOD or PACU patient prior to being discharged home

Post-Op AOD Mild Pain (Pain Score 1-3) (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once PRN, mild pain (score 1-3), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, once PRN, mild pain (score 1-3), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Post-Op AOD Moderate Pain (Pain Score 4-6) (Single Response)

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
() HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	10 mL, oral, once PRN, moderate pain (score 4-6), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
() If patient received IV Acetaminophen during procedure - HYDROmorphone (DILAUDID) tablet	1 mg, oral, once PRN, moderate pain (score 4-6), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
() If patient received IV Acetaminophen during procedure - oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, once PRN, moderate pain (score 4-6), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Post-Op AOD Severe Pain (Pain Score 7-10) (Single Response)

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	2 tablet, oral, once PRN, severe pain (score 7-10), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	2 tablet, oral, once PRN, severe pain (score 7-10), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
() If patient received IV Acetaminophen during procedure - HYDROmorphone (DILAUDID) tablet	2 mg, oral, once PRN, severe pain (score 7-10), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.
() If patient received IV Acetaminophen during procedure - oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, once PRN, severe pain (score 7-10), PACU once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Post-Op AOD - Other Pain Meds

[] gabapentin (NEURONTIN)	oral, once, For 1 Doses, PACU Prior to leaving PACU/AOD.
[] traMADol (ULTRAM) tablet	50 mg, oral, once, For 1 Doses, PACU Prior to leaving PACU/AOD.

Labs

Cardiology

Imaging

Diagnostic X-Ray

[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 If NEW central line is placed perioperatively, PACU & Post-op
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Respiratory

Respiratory

[] Mechanical ventilation	<p>Routine</p> <p>Mechanical Ventilation: if (answer = Invasive) Type of Ventilation: if (answer = Volume Targeted) Mode of ventilation: if (answer = AC) VT - Tidal Volume (mL): % O2 (%): Rate (breaths/minute): PEEP (cm H2O): Inspiratory Time (sec): if (answer = SIMV) VT - Tidal Volume (mL): % O2 (%): Rate (breaths/minute):</p>
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PEEP (cm H2O):
 Pressure Support (cm H2O):
 Inspiratory Time (sec):
 if (answer = Pressure Targeted)
 Mode of ventilation:
 if (answer = AC)
 Inspiratory Pressure (cm H2O):
 % O2 (%):
 Rate (breaths/minute):
 PEEP (cm H2O):
 if (answer = SIMV)
 Inspiratory Pressure (cm H2O):
 % O2 (%):
 Rate (breaths/minute):
 PEEP (cm H2O):
 Pressure Support (cm H2O):
 if (answer = Spontaneous)
 % O2 (%):
 PEEP (cm H2O):
 Pressure Support (cm H2O):
 if (answer = Adaptive Support Ventilation (ASV))
 % Minute Volume (%):
 % O2 (%):
 PEEP (cm H2O):
 if (answer = Airway Pressure Release Ventilation (APRV))
 PEEP Low (cm H2O):
 PEEP High (cm H2O):
 % O2 (%):
 Inspiratory Time (sec):
 Expiratory Time (sec):
 Pressure Support (cm H2O):
 if (answer = BiLEVEL/DuoPAP)
 PEEP Low (cm H2O):
 PEEP High (cm H2O):
 % O2 (%):
 Rate (breaths/minute):
 Pressure Support (cm H2O):
 if (answer = Non-Invasive)
 AVAPS or Spontaneous/Timed:
 if (answer = AVAPS)
 PEEP/EPAP (cm H2O):
 Rate (breaths/minute):
 % O2 (%):
 VT - Tidal Volume (mL):
 if (answer = Spontaneous/Timed)
 Inspiratory Pressure/IPAP (cm H2O):
 PEEP/EPAP (cm H2O):
 Rate (breaths/minute):
 % O2 (%):
 Vent Management Strategies:
 Vent Management Strategies:
 Vent Management Strategies:
 Vent Management Strategies:
 Vent Management Strategies:

[X] Oxygen therapy

Routine, Continuous
 Device: Nasal Cannula
 if (answer = Nasal Cannula)
 Rate in liters per minute:
 Titrate to keep O2 Sat Above:
 if (answer = Other (Specify))
 Specify titration to keep O2 Sat (%) Above:
 if (answer = Simple Face Mask)
 Rate in liters per minute:

Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Non-rebreather mask)
Rate in liters per minute:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = T-piece) Or (answer = Aerosol Mask) Or
(answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Other (Specify))
Specify:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
if (answer = Heated High Flow Nasal Cannula (Heated
HFNC))
Rate in liters per minute:
if (answer = Other (Specify))
Specify Flowrate (Lpm):
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Device 2:
if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
Rate in liters per minute:
if (answer = Other (Specify))
Specify lpm:
O2 %:
if (answer = Other (Specify))
Specify O2 %:

O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Non-rebreather mask)
Rate in liters per minute:
if (answer = T-piece) Or (answer = Aerosol Mask) Or
(answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Other (Specify))
Specify:

Device 3:

if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
Rate in tenths of a liter per minute:
if (answer = Other (Specify))
Specify lpm:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Non-rebreather mask)
Rate in liters per minute:
if (answer = T-piece) Or (answer = Aerosol Mask) Or
(answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Other (Specify))
Specify:

Titrate to keep O2 Sat Above: Other (Specify)

if (answer = Other (Specify))

Specify titration to keep O2 Sat (%) Above:

Specify titration to keep O2 Sat (%) Above: 94

Indications for O2 therapy: Immediate post-op period

if (answer = Other)

Specify:

CONT/O2, Nasal Cannula or Mask to keep SaO2 greater than 94%. If unable to wean off Mask may transfer to next level of care with up to 6 liters per minute Oxygen.

PACU & Post-op

Rehab

Additional Orders
