

Post Procedure

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 min times 4, PACU & Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 min times 4, then every 30 min times 2, then every 1 hour times 1, PACU & Post-op

Nursing

<input type="checkbox"/> Post procedure site assessment	Routine, With vitals Procedure Site: For hematoma, bleeding and drainage., PACU & Post-op
<input type="checkbox"/> Renal biopsy: check urine for blood	Routine, Until discontinued, Starting S Notify procedure physician for hematuria., PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instructions: ***, PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Instructions: ***, PACU & Post-op

Activity

<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S For 2 Hours Bathroom Privileges: with bathroom privileges PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 2 Hours, PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 4 Hours, PACU & Post-op
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated PACU & Post-op

Diet

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

Notify

<input type="checkbox"/> Notify Radiologist if patient experiences worsening pain or bleeding at procedure site.	Routine, Until discontinued, Starting S, PACU & Post-op
--	---

Interventional Orders

<input type="checkbox"/> Place catheter to gravity bag drainage	Routine, Until discontinued, Starting S Specify type/location: _**_, PACU & Post-op
<input type="checkbox"/> Intake and output	Routine, Every 12 hours, Post-op

<input type="checkbox"/> Change dressing	Routine, Once And PRN to keep procedure site(s) clean and dry., PACU & Post-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intra-catheter, every 12 hours scheduled, PACU & Post-op Flush 5 mL towards patient and 5 mL toward the bag.

Chest Tube Orders

<input type="checkbox"/> Chest 1 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Post chest tube, PACU & Post-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 1 hour post chest tube, PACU & Post-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 2 hours post chest tube, PACU & Post-op
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to pleurovac	Routine, Until discontinued, Starting S Insert at 20cm water intermittent "wall suction". Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> For further chest tube order please ask referring physician.	Routine, Until discontinued, Starting S, Post-op

Chest Tube Orders

<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, Post chest tube
<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, 1 hour post chest tube
<input type="checkbox"/> XR Chest 1 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed, 2 hours post chest tube
<input type="checkbox"/> XR Chest Inspiration And Expiration	Status: Future, Expires: S+365, Routine, Ancillary Performed
<input type="checkbox"/> XR Chest 2 Vw	Status: Future, Expires: S+365, Routine, Ancillary Performed
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to heimlich valve	Routine, Until discontinued, Starting S Upon return to floor, further chest tube management orders per referring physician., Post-op
<input type="checkbox"/> Chest tube to pleurovac	Routine, Until discontinued, Starting S Insert at 20cm water intermittent "wall suction". Upon return to floor, further chest tube management orders per referring physician., Post-op

Return to Floor

Return to Floor (Single Response)

<input type="checkbox"/> OK to return to previous IP bed	Routine, Until discontinued, Starting S, PACU
<input type="checkbox"/> OK to return to previous bed in 1 hr	Routine, Until discontinued, Starting S, PACU
<input type="checkbox"/> Discharge to home	Routine, Once Discharge Criteria: Clearing specialty: PACU

Medications

VTE

Labs

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders

Discharge

Discharge Order (Single Response)

<input type="checkbox"/> Discharge patient when criteria met	Routine, Once Discharge Criteria: Clearing specialty: Scheduling/ADT
<input type="checkbox"/> Discharge to home	Routine, Once Discharge Criteria: Clearing specialty: Scheduling/ADT

Discontinue tubes/drains

<input type="checkbox"/> Discontinue Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/> Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/> Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> Deaccess port	
<input type="checkbox"/> Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT

Discharge Activity - REQUIRED

<input type="checkbox"/> Activity as tolerated	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> No driving for 2 days	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular
Patient to notify physician	
<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, ***
Discharge Education	
<input type="checkbox"/> Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
<input type="checkbox"/> Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide tobacco cessation education Scheduling/ADT
Discharge Instructions	
<input type="checkbox"/> Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT
Place Follow-Up Order	
<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details