

General

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Including NVS every 15 min times 2, then every 30 min times 2, then every 1 hour till transferred out of department., PACU
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Activity

<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges May elevate head of bed up to 30 degrees for patient comfort., PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 3 Hours Bedrest with head flat, PACU & Post-op

Nursing

<input type="checkbox"/> Discharge patient	Discharge - S Specific Destination: Is a readmission planned within 30 days? PACU
<input type="checkbox"/> Send patient back to floor	Routine, Until discontinued, Starting S When: PACU/AOD discharge criteria met. PACU
<input checked="" type="checkbox"/> Fall precautions	Increased observation level needed: PACU & Post-op
<input type="checkbox"/> Complete neuroradiology pain evaluation sheet	Routine, Once For 1 Occurrences, PACU
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S, 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 checked="" type="checkbox"/> Notify Interventional Radiologist if patient experiences increasing pain, numbness or weakness in extremities	Routine, Until discontinued, Starting S, Post-op
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Medications

Medications

<input type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, once PRN, nausea, vomiting, PACU
<input type="checkbox"/> morPHINE injection	4 mg, intramuscular, once PRN, moderate pain (score 4-6), PACU
<input type="checkbox"/> morPHINE injection	10 mg, intramuscular, once PRN, severe pain (score 7-10), PACU
<input type="checkbox"/> trimethobenzamide (TIGAN) injection	200 mg, intramuscular, once PRN, nausea, vomiting, PACU

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
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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:
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<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