

Nursing

Vital Signs

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

Activity

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|--|--|
| <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 |

Nursing

| | |
|---|---|
| <input type="checkbox"/> Check abdomen for distention/tenderness with vital signs | Routine, Until discontinued, Starting S, PACU & Post-op |
| <input type="checkbox"/> Tube maintenance | Routine, Every 4 hours Orders: Flush Q4 Flush with: 100ml Flush jejunal port vigorously with 100ml water every 4 hours unless on fluid restrictions., PACU & Post-op |
| <input type="checkbox"/> Tube maintenance | Routine, Every 4 hours Orders: Flush Q4 Flush with: 100ml PRN after medications. Flush jejunal port vigorously with 100ml water every 4 hours unless on fluid restrictions., PACU & Post-op |
| <input type="checkbox"/> New gastrojejunostomy tube - 6 hours | |
| <input type="checkbox"/> NPO - except meds | Diet effective now, Starting S For 6 Hours NPO: Except meds Pre-Operative fasting options: Patient to remain NPO except meds for 6 hours., PACU & Post-op |
| <input type="checkbox"/> All contents to be suctioned from the gastric port | Routine, Every 3 hours For 2 Occurrences All contents to be suctioned every 3 hrs for 6hrs., PACU & Post-op |
| <input type="checkbox"/> Ok to use - gastric port | Routine, Until discontinued, Starting S Device: Other Other: gastric port If patient is without significant abdominal pain or distention after 6 hours the gastrostomy catheter may be used with initiation of feedings at 30ml per hour and may advance 10ml every 4 hours to goal rate. Jejunal port may be used now., PACU & Post-op |
| <input type="checkbox"/> Ok to use - jejunostomy port now | Routine, Until discontinued, Starting S Device: Other Other: Jejunal port PACU & Post-op |
| <input type="checkbox"/> New gastrojejunostomy tube - 24 hours | |

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|---|--|
| <input type="checkbox"/> NPO | Diet effective now, Starting S For 24 Hours NPO: Except meds Pre-Operative fasting options: Patient to remain NPO except meds for 24 hours. |
| <input type="checkbox"/> All contents to be suctioned from the gastric port | Routine, Every 6 hours For 24 Hours |
| <input type="checkbox"/> Ok to use - gastric port | Routine, Until discontinued, Starting S Device: Other Other: gastric port If patient is without significant abdominal pain or distention after 24 hours, gastric port may then be used. |
| <input type="checkbox"/> Ok to use jejunostomy port now | Routine, Until discontinued, Starting S Device: Other Other: Jejunal port |
| <input type="checkbox"/> Replacement gastrojejunostomy orders | |
| <input type="checkbox"/> Ok to use - gastrojejunostomy tube | Routine, Until discontinued, Starting S Device: Other Other: gastrojejunostomy tube PACU & Post-op |
| <input type="checkbox"/> Replacement jejunostomy tube orders | |
| <input type="checkbox"/> Ok to use - jejunal tube | Routine, Until discontinued, Starting S Device: Other Other: Jejunal tube PACU & Post-op |
| <input type="checkbox"/> Bedside glucose | Routine, Once For 1 Occurrences Upon arrival to AOD/PACU. Notify Radiologist if glucose is below 60 or above 200., PACU |
| <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 |
| Diet | |
| <input type="checkbox"/> NPO - except meds | Diet effective now, Starting S For 24 Hours NPO: Except meds 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 |
| <input type="checkbox"/> Tube feeding | Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op |

Notify

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|--------------------------|---|--|
| <input type="checkbox"/> | Notify Interventional Radiology if evidence of bleeding and/or hematoma around catheter exit site | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> | Notify Interventional Radiology if evidence of worsening abdomen distention/tenderness | Routine, Until discontinued, Starting S, Post-op |

Return to Floor

Return to Floor (Single Response)

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|--------------------------|--|---|
| <input type="checkbox"/> | OK to return to previous IP bed | Routine, Until discontinued, Starting S, PACU |
| <input type="checkbox"/> | OK to return to IP bed after 1hr in PACU | Routine, Until discontinued, Starting S, PACU |

Medications

Post Procedure Medications

| | | |
|--------------------------|--------------------------------|---|
| <input type="checkbox"/> | fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 15 min PRN, severe pain (score 7-10), persistent pain, For 2 Doses, PACU & Post-op Hold for respirations LESS than 12 breath/minute. For persistent pain, call interventional MD. |
| <input type="checkbox"/> | ondansetron (ZOFTRAN) IV | 4 mg, intravenous, once PRN, nausea, vomiting, PACU & Post-op |

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 |
|--------------------------|-------------------------------------|---|

Discontinue tubes/drains

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|--------------------------|---|---|
| <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

| | | |
|--------------------------|--|---|
| <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. |

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|---|--|
| <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 weeks | 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

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|--|--------------------------------------|
| <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)

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|--|--|
| <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

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|--|---|
| <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

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|---|--|
| <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

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|---|--------------------------------------|
| <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

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|--|---|
| <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 |

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|--|--|
| <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 |