

Nursing

Vital Signs

<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

<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"/> Assess cath site	Routine, With vitals Check catheter exit site for bleeding/hematoma with vital signs., PACU & Post-op
<input type="checkbox"/> New gastrostomy 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 - gastrostomy catheter	Routine, Until discontinued, Starting S Device: Other Other: gastrostomy catheter 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., PACU & Post-op
<input type="checkbox"/> New gastrostomy tube - 24 hours	
<input type="checkbox"/> NPO - except meds	Diet effective now, Starting S For 24 Hours NPO: Except meds Pre-Operative fasting options: Patient to remain NPO except meds for 24 hours., PACU & Post-op
<input type="checkbox"/> All contents to be suctioned from the gastric port	Routine, Every 6 hours For 24 Hours, PACU & Post-op
<input type="checkbox"/> Ok to use - gastrostomy catheter	Routine, Until discontinued, Starting S Device: Other Other: gastrostomy catheter If patient is without significant abdominal pain or distention after 24 hours the gastrostomy catheter may be used., PACU & Post-op
<input type="checkbox"/> Replacement gastrostomy catheter	

<input type="checkbox"/> Ok to use - gastrostomy catheter	Routine, Until discontinued, Starting S Device: Other Other: gastrostomy catheter PACU & Post-op
<input type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences Upon arrival to AOD/PACU. Notify Radiologist if glucose below 60 or above 200., 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

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 Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op

Notify

<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)

<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
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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

<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 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

<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