

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 |

Post Procedure

Vital signs

- | | |
|---|---|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 15 min
Every 15 min times 2, Post-op |
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 15 min
Every 15 min times 4, 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"/> 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:
PACU & Post-op |
| <input type="checkbox"/> Strict bed rest | Routine, Until discontinued, Starting S
for 30 min, 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:
PACU & Post-op |

Diet

- | | |
|--|---|
| <input type="checkbox"/> NPO except meds | Diet effective now, Starting S For 1 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
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Notify

<input type="checkbox"/> Notify Radiologist if patient experiences worsening pain or bleeding at procedure site.	Routine, Until discontinued, Starting S, PACU & Post-op
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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"/> Cap catheter for internal drainage	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Intake and output	Routine, Every 12 hours, PACU & 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
<input type="checkbox"/> Ok to use	Routine, Until discontinued, Starting S Device: PACU & Post-op

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

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 Orders (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: Discharge patient to home at ***, 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

<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