

**General**

**Observation (Single Response)**

<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: Pre-Procedure
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: Pre-Procedure

**Nursing**

**Vitals**

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 minutes x 2 then every 30 minutes x 2 then every hour until discharged., PACU
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**Activity**

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 3 Hours post kyphoplasty/vertebroplasty, activity as tolerated after 3 hrs of bedrest., PACU & Post-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily, Starting S+1 Specify: with assistance Post-op day 1, as tolerated. May ambulate with assistance 3 hours post kyphoplasty/vertebroplasty as tolerated, weight bearing as tolerated., Post-op

**Nursing**

<input type="checkbox"/> Discharge patient home 4 hours post vertberoplasty/kyphoplasty when discharge criteria met	Discharge at 12:00 AM Specific Destination: Is a readmission planned within 30 days? PACU
<input type="checkbox"/> Send patient back to floor when AOD/PACU criteria met	Routine, Until discontinued, Starting S When: PACU
<input checked="" type="checkbox"/> Neurological assessment	Routine, Every 30 min Assessment to Perform: PACU & Post-op
<input type="checkbox"/> No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S For 48 Hours Reason for "No" order: PACU & Post-op
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S For 48 Hours Reason for "No" order: PACU & Post-op
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S, Post-op

**Diet**

<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
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## Medications

### Anti-emetic

ondansetron (ZOFTRAN) injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU & Post-op

### Mild Pain (1-3) (Single Response)

Acetaminophen oral, per tube or rectal panel **"Or" Linked Panel**  
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, PACU & Post-op

acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, PACU & Post-op  
Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), fever, PACU & Post-op  
Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), PACU & Post-op  
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

### Moderate Pain (4-6)

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 2 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), PACU & Post-op  
Give if patient can tolerate oral medications.  
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

morPHINE injection 2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), PACU & Post-op  
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required

### Severe pain (7-10) (Single Response)

morPHINE injection 4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), PACU & Post-op  
Please refer to general pain management orderset for oral options

HYDROmorphone (DILAUDID) injection 1 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), PACU & Post-op  
Please refer to general pain management orderset for oral options

## 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 as tolerated with assistance if needed on discharge; weight bearing as tolerated	Routine, Normal
<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