

DOCTORS ORDER SET: NorthStar Surgery Specialists	Approval Date: 9/10	Revision Date: 9/10
Items with check boxes must be checked in order to be activated		
Please Strike Out Any Elements Listed Below That Are Not Applicable To This Patient		

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General Surgery Admission / Post-Op Orders

Admit: Admit to Observation Services Admit to Inpatient
 Discontinue all preoperative orders including medications

Location: ICU Med/Surg Med/Surg w /Tel OB Other _____
 Return to room per PACU protocol

Diagnosis /Procedure Performed: _____

Attending Physician: _____ **Consulting Physician:** _____

Vital Signs :

Every 4 hours PACU routine, then every 4 hours
 Strict Intake and Output every 4 hours for 24 hours, then every shift
 Other: _____

Call Physician if:

Temperature 100.4°F or greater times 2 taken 4 hours apart or 101.5°F or greater one time; sustained pulse of greater than 110 or less than 50 for more than 10 minutes; respiration greater than 25 or less than 8; sustained blood pressure greater than 160 SBP or 90 DBP on 2 occasions taken 30 minutes apart; or SBP less than 90 or DBP less than 50

Allergies: No Known Drug Allergies Latex _____

Activity:



Out of bed in the AM out of bed ad lib / as tolerated Other _____
 At least out of bed to halls 3 times a day and to chair 2 times a day

Diet:

Strict NPO Strict NPO after midnight NPO except ice chips
 Clear liquid Full liquids
 Regular diet (1800 calorie AHA 1800 calorie ADA 1800 Calorie Renal) Soft mechanical
 ADAT to Regular 1800 calorie AHA 1800 calorie ADA 1800 calorie Renal diet
 Other: _____

Additions, deletions and changes made above must be initialed by the physician.

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IV Fluids:

- NS ½ NS D5NS D5 ½ NS D5LR LR Saline lock
- ADD** 10 mEq KCL/ liter IVF 20 mEq KCL/ liter IVF Other _____
- IVF rate @ _____ ml/HR
- HLIV when tolerating good oral intake

Nursing:

- Foley Catheter: To gravity drainage
 - Notify physician if urine output is less than 120 ml in 4 hours, less than 250 ml in 8 hours, or less than 30 ml per hour times 2 hours
 - Discontinue Foley in AM, replace Foley if unable to void within 6 hours
 - In/out catheterization every 4 hours PRN if patient is unable to void
- NG tube low intermittent wall suction
- Incentive spirometry: every 30 minutes while awake with RT to demonstrate. Encourage cough and deep breathing
- Oxygen O₂ @ 2 liters per nasal canula Other _____ Wean O₂ per protocol
- Dressing/Wound Care: _____
- Drains: _____



Medications: See Medication Reconciliation Form for all meds

Antibiotics:

- No Post-Op Antibiotics required
- Post- Op Antibiotics: Physician to choose any one for patients **without Beta-lactam allergy** – not allergic to Penicillin or Cephalosporins
 - Ancef (Cefazolin) 1 gm (2 gm if patient weight is 80 kg or greater) IV every 8 hours for 24 hours. Give first post-op dose in the PACU, second and third doses to be scheduled every 8 hours from the first post-op start time; **AND** Flagyl (Metronidazole) 500 mg IV every 8 hours for 24 hours. Post – Op doses to be scheduled from the pre-op dose start time
 - Mefoxin (Cefoxitin) 1 gm (2 gm if patient weight is 80 kg or greater) IV every 8 hours for 24 hours. Give the first dose in the PACU, second and third doses to be scheduled every 8 hours form the first post-op dose
 - Zosyn (Piperacillin/tazobactam) 3.375 gm IV every 6 hours for 24 hours. Post-Op doses scheduled from pre - op start time
 - Vancomycin 1 gm IV every 12 hours for 24 hours. Post-Op doses scheduled from pre-op start time
 - Other : _____

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- Post-Op Antibiotics: Physician to choose any one for patients **with Beta-lactam allergy** – allergic to Penicillin or Cephalosporins
 - Cleocin (Clindamycin) 600 mg (900 mg if patient weight is 80 kg or greater) IV every 8 hours for 24 hours. Post-op doses to be scheduled from the pre-op dose start time; **AND** Gentamicin 80 mg (120 mg if patient weight is 80 kg or greater) IV every 12 hours for 24 hours. Post-Op doses to be scheduled from pre-op dose start time
 - Cleocin (Clindamycin) 600 mg (900 mg if patient weight is 80 kg or greater) IV every 8 hours for 24 hours. Post-Op doses to be scheduled from the pre-op dose start time; **AND** Levaquin (Levofloxacin) 500 mg IV times 1 dose to be scheduled 24 hours from the pre-op start time
 - Flagyl (Metronidazole) 500 mg IV every 8 hours for 24 hours. Post-Op doses to be scheduled from the pre-op dose start time; **AND** Levaquin (Levofloxacin) 500 mg IV times 1 dose to be scheduled 24 hours from the pre-op dose start time
 - Other : _____

- Continuous Antibiotics:
 - Zosyn (Piperacillin/tazobactam) 3.375 gm IV every 6 hours
 - Levaquin (Levofloxacin) 500 mg IV every day
 - Cipro (Ciprofloxacin) 400 mg IV every 12 hours
 - Flagyl (Metronidazole) 500 mg IV every 8 hours
 - Primaxin (Imipenem/cilastatin) 500 mg IV every 6 hours
 - Invanz (Ertapenem) 1 mg IV every day
 - Vancomycin 1 gm IV every 12 hours
 - Other _____

DVT Prophylaxis:

- Pneumatic Compression Devices and TED hose on patient until ambulating independently. These should be placed immediately upon arrival to unit if not already in place
- Pharmacological prophylaxis for DVT not recommended due to excessive intra-operative bleeding or high risk of bleeding

If pharmacological prophylaxis not contraindicated choose one of the following(to be started within 24 hours of surgery time if started post-operatively):



- Lovenox (Enoxaparin) 40 mg SubQ daily (**If creatinine clearance less than 30ml/min, give enoxaparin 30 mg SubQ daily**)
- Arixtra (Fondaparinux) 2.5 mg SubQ Daily
- Heparin 5000 Units SubQ every 8 hours

Stress Ulcer Prophylaxis: Not indicated

- Prilosec (Omeprazole) 40 mg PO daily **OR** Nexium (Esomeprazole) 40 mg IV daily
- Protonix (Pantoprazole) 40 mg PO **OR** IV daily
- Famotidine (Pepcid) 20 mg twice daily PO **OR** IV (**If creatinine clearance less than 50ml/min, give famotidine daily**)

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Comfort Medications:

Nausea:

- Reglan (Metoclopramide) 10 mg IV every 4 hours PRN nausea
- Zofran (Ondansetron) 4 mg IV every 6 hours PRN for breakthrough nausea or vomiting
- Phenergan (Promethazine) 6.25 mg IV every 6 hours PRN severe nausea or vomiting

Pain:

- Toradol (Ketorolac) 30 mg IV initial dose, then 30 mg IV every 6 hours PRN pain times 48 hours or as anti-inflammatory or as adjunct to pain medication (no other non-steroidal anti-inflammatories while Toradol order in effect)
- Morphine: _____
- Dilaudid: _____
- Norco (Hydrocodone/acetaminophen 325 mg) 5mg 7.5 mg 10 mg 1-2 tabs PO every 4 hours PRN pain
- Ibuprofen: _____
- Tylenol (Acetaminophen): _____
- Other: _____

Other:

- Tylenol (Acetaminophen) 650 mg PO every 4 hours PRN headache or temp > 101.1°F
- Maalox Plus (Aluminum/ Magnesium/Simethicone) 30 ml PO every 4 hours PRN indigestion/gas
- Aluminum Hydroxide 30 ml PO every 4 hours PRN indigestion (for Renal patients)
- MOM (Milk of Magnesia) 30 ml PO every 6 hours PRN for constipation
- Surfak (Docusate Calcium) 240 ml PO daily PRN constipation as stool softener
- Dulcolax (Bisacodyl) 10 mg PO BID PRN constipation. If unable to take PO, give suppository PR
- Metamucil (Psyllium) 1 package PO BID PRN constipation, as fiber supplement
- Ambien (Zolpidem) 5 mg **OR** 10 mg PO at bedtime PRN insomnia
- Restoril (Temazepam) 15 mg PO at bedtime PRN insomnia
 - If 65 or over use 7.5 mg PO at bedtime and repeat 1 time if needed
- Benadryl (Diphenhydramine) 25 mg PO every 6 hours PRN itching/rash. If unable to take PO, may give IV
- Robitussin DM (Guaifensin/Dextromethorphan) 10 ml PO every 4 hours PRN cough/congestion
- Nicotine patch: Apply daily to skin PRN nicotine withdrawal. Dose: 21 mg 14 mg 7 mg
- Colace (Docusate sodium) 100 mg PO BID
- Other : _____

Other Medications :



Cardiac Meds: _____

Diabetic Meds: _____

Other: _____

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Lab/Diagnostic :

None In AM (Date: _____) Post-op (PACU Upon arrival to floor) Admission (ASAP)

BMP CMP CBC Renal Panel Amylase/Lipase PTT/TNR
 Chest X-Ray pKUB Acute abdominal series CT Scan : _____
 Accu Checks : Every 6 hours Fasting TID AC before meals Other _____

Other: _____

Evaluate and Treat: N/A

Physical Therapy Occupational Therapy Respiratory Therapy
 Speech Therapy Wound Care Nurse Nutrition
 Case Manager / SW to start discharge planning Social Services SNF Evaluation

Other Orders: None

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VORB/TORB _____ / _____
First Initial Physician's Name Nurse Signature Date/Time

Physician's Printed Name Physician's Signature Date/Time

	770990 (9/10)	StDavid's MEDICAL CENTER	
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