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 Preformed: ______________________________________________________

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 degrees F or greater times 2 taken 4 hours apart or 101.5 degrees 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:_______________________________________________________________
IV Fluids:
- NS
- ½ NS
- D5NS
- D5 ½ NS
- D5LR
- LR
- Saline lock
- 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:
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 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)
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: ________________________________________________________________

Physician’s Initials: ______

Date: _____________________

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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: _____________
- Other: __________________________________________________________

Evaluate and Treat: ☐ N/A
- Physical Therapy ☐ Occupational 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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PHYSICIAN’S SIGNATURE: _______________________________________________________________________________________

DATE: ____________________________________ TIME: ____________________________________

Physician’s Initials: ______

Date:____________________