**PHYSICIAN ORDERS**

**DIAGNOSIS:**

**DRUG SENSITIVITY:**

---

**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 with Telemetry
- 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 systolic blood pressure or 90 diastolic blood pressure on
  2 occasions taken 30 minutes apart or systolic blood pressure less than 90 or diastolic blood pressure
  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: ___________________________________________________________________

---

**Date**
- __________________________

**Time**
- __________________________

**Physician Signature**
- __________________________

---

Distribution: White - Chart Copy
GENERAL SURGERY ADMISSION / POST-OP ORDERS

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
- □ Heparin lock intravenous catheter 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: All doses must be given within 24 hours of anesthesia end time
- □ No Post-Op Antibiotics required
- □ Post-Op Antibiotics: Physician to choose any one for patients without Becta-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. Post-op doses to be scheduled from the pre-op dose 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. Post-op doses to be scheduled from the pre-op dose start time
  - □ Zosyn (Piperacillin/tazobactam) 3.375 gm IV every 6 hours for 24 hours. Post-Op doses to be scheduled from pre-op dose start time
  - □ Vancomycin 1 gm IV every 12 hours for 24 hours. Post-Op doses to be scheduled from pre-op dose start time
- □ Other: __________________________________________________________________________
GENERAL SURGERY ADMISSION / POST-OP ORDERS

- 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 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
  - 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 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
  - 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 Cipro (Ciprofloxacin) 400mg IV times 1 dose to be scheduled 12 hours from the pre-op start time
  - Cipro (Ciprofloxacin) 400mg IV times 1 dose to be scheduled 12 hours from the pre-op start time; AND Cipro (Ciprofloxacin) 400mg IV times 1 dose to be scheduled 12 hours from the pre-op start time

- Continuous Antibiotics: Reason for continuing antibiotics: ____________________________________________
  - Zosyn (Piperacillin/tazobactam) 3.375 gm IV every 6 hours
  - 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 gm IV every 24 hours
  - 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
  - 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
- Protonix (Pantoprazole) 40 mg □ PO OR □ IV daily
- Ranitidine (Zantac) □ 150 PO every 12 hours OR □ 50 mg IV every 8 hours

Date ____________________ Time ____________________ Physician Signature ____________________
**GENERAL SURGERY ADMISSION / POST-OP ORDERS**

**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) If patient is over age 65, reduce doses to 15mg IV q 6 hours PRN pain times 48 hours.
  - ☐ 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
  - Choose one
    - ☐ Maalox Plus (Aluminum/ Magnesium/Simethicone) 30 ml PO every 4 hours PRN indigestion/gas
    - ☐ Calcium Carbonate 30mL PO every 4 hours PRN indigestion (for Renal patients)
  - Choose one
    - ☐ MOM (Milk of Magnesia) 30 ml PO every 6 hours PRN for constipation
    - ☐ Colace (Docusate sodium) 100 mg PO BID
    - ☐ Surfak (Docusate Calcium) 240 mg 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
  - Choose one
    - ☐ 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
    - ☐ Other: __________________________

**Other Medications:**

**Cardiac Meds:**
_________________________________________________________________________
_________________________________________________________________________

**Diabetic Meds:**
_________________________________________________________________________
_________________________________________________________________________

**Other:**
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

_______/_______/_______ _____________________ _________________________________________
Date  Time  Physician Signature

Dev. 8/10  rw 8/30/10  Page 4 of 5
GENERAL SURGERY ADMISSION / POST-OP ORDERS

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: _______________

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

_______________________________  ______________________  __________________________________________
Date     Time

_______________________________
Physician Last Name (Print)  Pager  Physician Signature