



**PHYSICIAN ORDERS**

DIAGNOSIS:

DRUG SENSITIVITY:

Patient Identification

**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

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**IV Fluids:**

- NS     1/2 NS     D5NS     D5 1/2 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: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_  
Time

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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** Cipro (Ciprofloxacin) 400mg IV times 1 dose to be scheduled 12 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** Cipro (Ciprofloxacin) 400mg IV times 1 dose to be scheduled 12 hours from the pre-op start time
  - Other : \_\_\_\_\_
- 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
- If pharmacological prophylaxis not contraindicated choose one of the following(o be started 12 hours post op.):*
- 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

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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) 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: \_\_\_\_\_

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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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Physician Last Name (Print)

\_\_\_\_\_  
Pager

\_\_\_\_\_  
Physician Signature

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