

UMC Health System ADULT OUTPATIENT SURGERY PLAN - Phase: Diagnostic/Pre-Op Orders	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Admit/Discharge/Transfer

Request for Outpatient Services (Request Outpatient Services)
 Location: Outpatient Surgery

Patient Care

Ostomy Site Marking
 T;N

Communication

Instruct Patient
 Instruct Patient On: Other : Take the following medications the morning of surgery, with a sip of water, Please take:

Instruct Patient
 On Incentive Spirometer use

Misc Patient Care Order

Misc Patient Care Order

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

*****UMC Outpatient Surgery does NOT dispense medications to patients for home use*****
 If Bowel Prep meds and instructions given to patient in the clinic, use "Notify Nurse" order

Notify Nurse (DO NOT USE FOR MEDS)
 Bowel Prep meds and instructions have been given to the patient in the clinic.

Laboratory

CBC
 Routine Outpatient/PACU, T;N

CBC with Differential
 Routine Outpatient/PACU, T;N

Basic Metabolic Panel
 Routine Outpatient/PACU, T;N

Comprehensive Metabolic Panel
 Routine Outpatient/PACU, T;N

Prothrombin Time with INR
 Routine Outpatient/PACU, T;N

PTT
 Routine Outpatient/PACU, T;N

Sed Rate
 Routine Outpatient/PACU, T;N, Vendor Bill No

Hemoglobin A1C
 Routine Outpatient/PACU, T;N, Vendor Bill No

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

**ADULT OUTPATIENT SURGERY PLAN
- Phase: Diagnostic/Pre-Op Orders**

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	C Reactive protein <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Hepatitis C Antibody <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	HIV Screen <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Syphilis Screen <input type="checkbox"/> Routine Outpatient/PACU, T;N
	Urine Beta hCG <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N, Vendor Bill No
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) <input type="checkbox"/> Routine Outpatient/PACU, T;N
	Urinalysis <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N, Vendor Bill No
	Urinalysis with Positive Culture Reflex <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N
	Urine Random Drug Screen <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N, Vendor Bill No
	Platelet Function Analysis Epinephrine <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Renal Function Panel <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Amylase Level <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Vitamin A Level <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Vitamin B1 Level <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Vitamin B12 Level <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Vitamin D 25 Hydroxy Total <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Vitamin E Level <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Vitamin K Level <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Iron Level <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	Nicotine and Cotinine Screen <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: Diagnostic/Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Culture Urine (Urine Culture) <input type="checkbox"/> Routine Outpatient/PACU, T;N
Diagnostic Tests	
	EKG-12 Lead <input type="checkbox"/> Routine
	DX Chest Single View <input type="checkbox"/> Routine
	DX Chest PA & Lateral <input type="checkbox"/> Routine
	Pulmonary Function Test, Complete <input type="checkbox"/> Routine

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: Discharge Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Admit/Discharge/Transfer	
General	
	Discharge Patient (Outpatient)
	Discharge Condition <input type="checkbox"/> Discharge Condition: Improved <input type="checkbox"/> Discharge Condition: Stable <input type="checkbox"/> Discharge Condition: Fair
	Discharge Instructions
	Discharge Disposition <input type="checkbox"/> Discharge To: Home <input type="checkbox"/> Discharge To: Home with Home Health <input type="checkbox"/> Discharge To: SNF <input type="checkbox"/> Discharge To: Nursing Home - Intermediate Care <input type="checkbox"/> Discharge To: Home with Hospice <input type="checkbox"/> Discharge To: Long term care <input type="checkbox"/> Discharge To: TDCJ or any other jail
Diet	
	Discharge Diet <input type="checkbox"/> Diet: Resume pre-hospital diet <input type="checkbox"/> Diet: ADA <input type="checkbox"/> Diet: AHA <input type="checkbox"/> Diet: Low sodium (Less than 2 grams) <input type="checkbox"/> Diet: Regular <input type="checkbox"/> Diet: Renal
Activity	
	Discharge Activity/Activity Precautions <input type="checkbox"/> Activity: As tolerated No restrictions <input type="checkbox"/> Activity: As tolerated <input type="checkbox"/> Activity: Bed rest <input type="checkbox"/> Activity: Do NOT lift arms above shoulders <input type="checkbox"/> Activity: Exercise per OT/PT instructions <input type="checkbox"/> Activity: Keep splint on at all times <input type="checkbox"/> Activity: Knee precautions <input type="checkbox"/> Activity: No restrictions <input type="checkbox"/> Activity: No pushing or pulling with arms <input type="checkbox"/> Activity: No straining or heavy lifting <input type="checkbox"/> Activity: Posterior hip precautions <input type="checkbox"/> Activity: Sternal precautions <input type="checkbox"/> Activity: With assistance
	Discharge Lifting Instructions
	Discharge Bathing Instructions
	Discharge Driving Instructions
	Discharge Sexual Instructions <input type="checkbox"/> Sexual Activity: Pelvic rest, Duration of Restriction: 4-6 weeks <input type="checkbox"/> Sexual Activity: No limitations <input type="checkbox"/> Sexual Activity: Pelvic rest <input type="checkbox"/> Sexual Activity: Do NOT take meds for ED with nitrates <input type="checkbox"/> Sexual Activity: Do NOT have sexual activity <input type="checkbox"/> Sexual Activity: Do NOT take top position during sex
	Discharge Extremity Care (ROM, CPM, etc)
Line, Drain, and Wound Care	
	Discharge Open Wound Care Instructions
	Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site Care Instructions)
	Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/Tube Care Instructions)
	Discharge Foley/Nephrostomy Care Instruc (Discharge Foley/Nephrostomy Care Instructions)
Follow Up	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>ADULT OUTPATIENT SURGERY PLAN - Phase: Discharge Orders</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Discharge Follow-up Appointment
	Discharge Follow-up Appointment
	Discharge Follow-up Lab
	Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)
Services that have been arranged	
	This section is to be filled out by Social Services.
	Discharge DME Instructions
	Discharge Home Health Instructions
Communication	
	Patient May Return to Work/School

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>Contraindications Beta Blocker</p> <p><input type="checkbox"/> Allergy or Sensitivity <input type="checkbox"/> Bradycardia or Heart Block</p> <p><input type="checkbox"/> Chronic Lung Disease -- Asthma <input type="checkbox"/> Severe Hypotension</p> <p><input type="checkbox"/> Other (specify below in other reason)</p>
	<p>Bowel Preparation</p> <p>sodium biphosphate-sodium phosphate (Fleet Enema)</p> <p><input type="checkbox"/> 1 ea, rectally, enema, ONE TIME</p>
	<p>sodium citrate-citric acid</p> <p><input type="checkbox"/> 30 mL, PO, liq, OCTOR</p>
	<p>GI Prophylaxis</p>
	<p>famotidine</p> <p><input type="checkbox"/> 20 mg, PO, tab, OCTOR <input type="checkbox"/> 20 mg, IVPush, inj, OCTOR</p>
	<p>metoclopramide</p> <p><input type="checkbox"/> 10 mg, PO, tab, OCTOR <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR</p>
	<p>Antibiotics</p>
	<p>Outpatient Surgical Prophylactic Antibio (Outpatient Surgical Prophylactic Antibiotic Selection)</p> <p><input type="checkbox"/> ***See Reference Text***</p>
	<p>ampicillin-sulbactam</p> <p><input type="checkbox"/> 1.5 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p> <p><input type="checkbox"/> 3 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
	<p>ceFAZolin</p> <p><input type="checkbox"/> 1 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes</p> <p><input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes</p>
	<p>cefepime</p> <p><input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute with 10-20 mL of Sterile Water or NS Administer IV Push over 3 minutes</p>
	<p>cefoTEtan</p> <p><input type="checkbox"/> 1 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p> <p><input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
	<p>cefOXitin</p> <p><input type="checkbox"/> 1 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p> <p><input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
	<p>cefuroxime (Zinacef)</p> <p><input type="checkbox"/> 1.5 g, Slow IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute with 16 mL of Sterile Water or NS Administer Slow IV Push over 3-5 minutes.</p> <p>Continued on next page....</p>

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	ciprofloxacin <input type="checkbox"/> 400 mg, IVPB, ivpb, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis
	clindamycin <input type="checkbox"/> 600 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
	doxycycline <input type="checkbox"/> 100 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis
	gentamicin <input type="checkbox"/> 80 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis
	levoFLOXacin <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 750 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis
	metroNIDAZOLE <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis Do not refrigerate. Do not give with drugs containing alcohol.
	nafcillin <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 1 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 2 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
	piperacillin-tazobactam <input type="checkbox"/> 3.375 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis
	tobramycin <input type="checkbox"/> 80 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery
Anticoagulants	
	enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 30 mg, subcut, syringe, OCTOR, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 40 mg, subcut, syringe, OCTOR, Pharmacy to Adjust Dose per Renal Function
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, OCTOR
Prophylactic Post Op Nausea Vomiting	
	dexAMETHasone <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR
	droNABinol <input type="checkbox"/> 5 mg, PO, cap, OCTOR To be administered in OR holding.

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, OCTOR
	prochlorperazine <input type="checkbox"/> 25 mg, rectally, supp, OCTOR
Other Pre-Op Medication	
	acetaminophen <input type="checkbox"/> 1,000 mg, PO, tab, OCTOR <input type="checkbox"/> 1,000 mg, PO, liq, OCTOR <input type="checkbox"/> 650 mg, rectally, supp, OCTOR
	allopurinol <input type="checkbox"/> 300 mg, PO, tab, OCTOR Give with plenty of water.
	aspirin <input type="checkbox"/> 325 mg, PO, tab, OCTOR
	gabapentin <input type="checkbox"/> 300 mg, PO, cap, OCTOR
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, OCTOR
	celecoxib <input type="checkbox"/> 200 mg, PO, cap, OCTOR
	indocyanine green <input type="checkbox"/> 25 mg, IVPush, inj, OCTOR Reconstitute vial with 10 mL sterile water for injection. Final Concentration: 2.5 mg/mL <input type="checkbox"/> 2.5 mg, IVPush, inj, OCTOR Reconstitute vial with 10 mL sterile water for injection. Final Concentration: 2.5 mg/mL
	mupirocin topical (mupirocin 2% topical ointment) <input type="checkbox"/> 1 app, intra-nasal, oint, OCTOR
	oxyCODONE <input type="checkbox"/> 10 mg, PO, tab, OCTOR
	oxyCODONE (oxyCODONE extended release) <input type="checkbox"/> 10 mg, PO, tab sa, OCTOR Do not crush or chew.
	scopolamine <input type="checkbox"/> 1 mg, transdermal, adh patch, OCTOR Apply at least 2 hours prior to OR
	tranexamic acid <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, x 2 dose, Infuse over 30 min To be given INTRAOPERATIVELY.
	ascorbic acid (Vitamin C) <input type="checkbox"/> 1,000 mg, PO, tab, OCTOR

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

ADULT OUTPATIENT SURGERY PLAN
- Phase: Outpatient Surgical Procedure

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

DO NOT MODIFY THIS ORDER, PROCEED TO THE DIAGNOSTIC/PRE-OP PHASE.

Outpatient Surgical Procedure

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

ADULT OUTPATIENT SURGERY PLAN
- Phase: PACU POST-OP DIAGNOSTIC TESTS

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

H&H to be done in PACU on EVERY bone related hip surgery prior to leaving the PACU and reported to the Anesthesia Attending of record and to the Attending Ortho Surgeon.
 Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.

POC Hemoglobin and Hematocrit

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
 - Phase: ADULT OUTPATIENT SURGERY POST-OP
 DISCOMFORT MED PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	
Analgesics for Mild Pain	
Select only ONE of the following for Mild Pain.	
acetaminophen	
<input type="checkbox"/> 500 mg, PO, tab, q4h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
<input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
ibuprofen	
<input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. Give with food. ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***	
Analgesics for Moderate Pain	
Select only ONE of the following for Moderate Pain.	
ketorolac	
<input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 48 hr To be given in OPS ONLY. ***May give IM if no IV access***	
HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)	
<input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
<input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
traMADol	
<input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)	
Anti-pyretics	
Select only ONE of the following for fever.	
acetaminophen	
<input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
Continued on next page....	

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
 - Phase: ADULT OUTPATIENT SURGERY POST-OP
 DISCOMFORT MED PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever To be given in OPS ONLY. ****Do not exceed 3,200 mg in 24 hours. Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever To be given in OPS ONLY. ****Do not exceed 3,200 mg in 24 hours. Give with food.
Antiemetics	
	Select only ONE of the following for nausea/vomiting. ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea To be given in OPS ONLY.
	promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN vomiting To be given in OPS ONLY.
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion To be given in OPS ONLY.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas To be given in OPS ONLY. <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas To be given in OPS ONLY.
Sedatives	
	ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety To be given in OPS ONLY.
Antihistamines	
	diphenhydrAMINE <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching To be given in OPS ONLY. <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching To be given in OPS ONLY.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: PACU POST-OP DIAGNOSTIC TESTS

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Diagnostic Tests	
	EKG-12 Lead
Radiography	
	DX Chest PA & Lateral <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Abdomen AP (KUB) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Ankle Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Ankle Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Elbow Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Elbow Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 1 view (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 1 view (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 2+ vws (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 2+ vws (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Foot Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Foot Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Forearm AP/Lat (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Forearm AP/Lat (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Hand Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Hand Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Heel-Os Calsis 2+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Heel-Os Calsis 2+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: PACU POST-OP DIAGNOSTIC TESTS

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	DX Hip 2-3 views Unilat (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Hip 2-3 views Unilat (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Wrist Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Wrist Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Tib/Fib AP/Lat (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Tib/Fib AP/Lat (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Left)) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Right)) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Pelvis Complete 3+ (DX Pelvis w Juda Views) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Pelvis AP 1 or 2 vw <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Knee 1or 2 vws (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Knee 1or 2 vws (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

TO Read Back

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Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT SURGERY PLAN
- Phase: OUTPATIENT BB TYPE AND SCREEN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Laboratory

BB Blood Type (ABO/Rh)

Routine Outpatient/PACU, T;N, Vendor Bill No

BB Antibody Screen

Routine Outpatient/PACU, T;N, Vendor Bill No

BB Clot to Hold

Routine Outpatient/PACU, T;N, Vendor Bill No

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

