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

Patient Label Here

	PHYSICIAN ORDERS			
Diagnosi	liagnosis			
Weight				
g.n	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable	e.		
ORDER				
	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			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Taken by Signature: Date Time				
Physician S	Signature: Date Time			

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

Patient Label Here

	DUVOIO	NAN ODDEDS	
		AND on "y" in the appoint and	lar datail hay/as\ where conficeble
ORDER	Place an "X" in the Orders column to designate orders of choice A	AND AIL X III (NE SPECITIC OFC	iei uetaii box(es) where applicable.
ORDER	C Reactive protein Routine Outpatient/PACU, T;N, Vendor Bill No		
	Hepatitis C Antibody		
	Routine Outpatient/PACU, T;N, Vendor Bill No HIV Screen		
	☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Syphilis Screen Routine Outpatient/PACU, T;N		
	Urine Beta hCG ☐ Urine, Routine Outpatient/PACU, T;N, Vendor Bill No		
	Beta HCG Serum Qualitative (Qualitative Beta HCG Serum) ☐ Routine Outpatient/PACU, T;N		
	Urinalysis ☐ Urine, Routine Outpatient/PACU, T;N, Vendor Bill No		
	Urinalysis with Positive Culture Reflex ☐ Urine, Routine Outpatient/PACU, T;N		
	Urine Random Drug Screen ☐ Urine, Routine Outpatient/PACU, T;N, Vendor Bill No		
	Platelet Function Analysis Epinephrine ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Renal Function Panel Routine Outpatient/PACU, T;N, Vendor Bill No		
	Amylase Level ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Vitamin A Level ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Vitamin B1 Level ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Vitamin B12 Level ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Vitamin D 25 Hydroxy Total ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Vitamin E Level ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Vitamin K Level ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Iron Level ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
	Nicotine and Cotinine Screen ☐ Routine Outpatient/PACU, T;N, Vendor Bill No		
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	ignature:	Date	Time

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

Patient Label Here

	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) Routine Outpatient/PACU, T;N		
	Diagnostic Tests		
	EKG-12 Lead Routine		
	DX Chest Single View Routine		
	DX Chest PA & Lateral Routine		
	Pulmonary Function Test, Complete ☐ Routine		
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time

ADULT OUTPATIENT SURGERY PLAN - Phase: Discharge Orders

Patient Label Here

	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		
	☐ Discharge Condition: Improved	☐ Discharge Condition: Stable	
	Discharge Condition: Fair		
	Discharge Instructions		
	Discharge Disposition ☐ Discharge To: Home	Discharge To: Home with Home	Hoolth
	Discharge To: Northe	☐ Discharge To: Home with Home ☐ Discharge To: Nursing Home - I	
	Discharge To: Home with Hospice	☐ Discharge To: Long term care	
	☐ Discharge To: TDCJ or any other jail		
	Discharge Diet		
	☐ Diet: Resume pre-hospital diet	Diet: ADA	
	☐ Diet: AHA ☐ Diet: Regular	☐ Diet: Low sodium (Less than 2 g☐ Diet: Renal	rams)
	Activity	Diet. Renai	
	Discharge Activity/Activity Precautions		
	Activity: As tolerated No restrictions	Activity: As tolerated	
	☐ Activity: Bed rest ☐ Activity: Exercise per OT/PT instructions	☐ Activity: Do NOT lift arms above shoulders☐ Activity: Keep splint on at all times	
	Activity: Knee precautions	Activity: No restrictions	
	Activity: No pushing or pulling with arms	Activity: No straining or heavy lifting	
	☐ Activity: Posterior hip precautions ☐ Activity: With assistance	Activity: Sternal precautions	
	Discharge Lifting Instructions		
	Discharge Bathing Instructions		
	Discharge Driving Instructions		
	Discharge Sexual Instructions		
	Sexual Activity: Pelvic rest, Duration of Restriction: 4-6 weeks	Council Activity, No livelitations	
	Sexual Activity: Pelvic rest Sexual Activity: Do NOT have sexual activity	☐ Sexual Activity: No limitations ☐ Sexual Activity: Do NOT take me	eds for ED with nitrates
	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 Site Care Inst (Discha		
	Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drai		
	Discharge Foley/Nephrostomy Care Instruc (Discharge Foley/Neph	rostomy Care Instructions)	
	Follow Up		
□то	☐ Read Back	☐ Scanned Powerchart ☐	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

ADULT OUTPATIENT SURGERY PLAN - Phase: Discharge Orders

Patient Label Here

	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 Diagn	ostic 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			
□ то	☐ Read Back ☐ S	canned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
	Signature:	Date	Time	
-				

ADULT OUTPATIENT SURGERY PLAN - Phase: OPS Post-OP Orders

Patient Label Here

	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		
	If returning patient to PACU, right click and REPLICATE the PACU Ord	ders Phase	
	Return Patient to PACU		
	Patient Care		
	Vital Signs ☐ Per Unit Standards		
	Convert IV to INT		
	Discontinue Peripheral Line		
	Discontinue Urinary Catheter		
	Crutch Training by Nursing		
	Communication		
	Code Status must be declared post operatively as the patient has had	a change in the level of care	
	Code Status ☐ Code Status: Full Code ☐ Code Status: Directive to Physician	Code Status: DNR/AND (Allow Natural Death)	
	Notify Provider of VS Parameters		
	Notify Provider (Misc)		
	Notify Nurse (DO NOT USE FOR MEDS) Patient is NOT required to void prior to discharge.		
	Notify Nurse (DO NOT USE FOR MEDS) Do Not Discharge patient until seen by physician.		
	PT Eval and Treat OP		
	Dietary		
	Outpatient Diet		
		Clear Liq. Advance to Pre-Hospital Diet	
	Medications Medication sentences are per dose. You will need to calculate a total	al daily dose if needed.	
	Laboratory		
	POC Blood Sugar Check		
	Physical Medicine and Rehab		
	Consult PT Mobility for Eval & Treat		
	-	Other, Walker Training	
	Consults/Referrals		
	Social Services for DME for Home		
	Social Services for Home Health Care		
□ то	☐ Read Back	Scanned Powerchart Scanned PharmScan	
Order Taker	n by Signature:	Date Time	
		Date Time	

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

Patient Label Here

	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			
	Pre-Operative Warming Orders □ ***See Reference Text***			
	Vital Signs ☐ Per Unit Standards			
	Insert Peripheral Line			
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities			
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Thigh High To non-operative extremity	Apply to: Bilateral Lower Extremities, Length: Knee High		
	Betadine 10% Nasal Antiseptic Swab ☐ bilateral nares one hour before going to OR			
	Communication			
	***Code Status must be declared upon admission to Outpatient Surgery	***		
	Code Status: Full Code Code Status: Directive to Physician	Code Status: DNR/AND (Allow Natural Death)		
	Pre-Op Clipping of Surgical Site			
	Pre-Op Instructions ☐ Instruct on incentive spirometry.			
	Misc Patient Care Order			
	Misc Patient Care Order			
	Notify Nurse (DO NOT USE FOR MEDS)			
	Dietary			
	Outpatient Diet NPO	☐ NPO, except meds.		
	IV Solutions			
	LR	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr		
	NS ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr		
	Medications	al della desa Massadad		
	Medication sentences are per dose. You will need to calculate a tot ***Beta Blocker is required if it is a home medication. If patient is on a Bo	·		
	document contraindication***	sta blocker at nome and med is not given,		
	metoprolol (metoprolol tartrate) 12.5 mg, PO, tab, OCTOR			
□ то	☐ Read Back	Scanned Powerchart Scanned PharmScan		
Order Take	n by Signature:	Date Time		
Physician Signature:		Date Time		

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

Patient Label Here

	PHYSICI	AN 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		
	Contraindications Beta Blocker Allergy or Sensitivity Chronic Lung Disease Asthma Other (specify below in other reason)	☐ Bradycardia or Heart Block☐ Severe Hypotension	
	Bowel Preparation		
	sodium biphosphate-sodium phosphate (Fleet Enema) 1 ea, rectally, enema, ONE TIME		
	sodium citrate-citric acid ☐ 30 mL, PO, liq, OCTOR		
•	GI Prophylaxis		
	famotidine ☐ 20 mg, PO, tab, OCTOR	20 mg, IVPush, inj, OCTOR	
	metoclopramide ☐ 10 mg, PO, tab, OCTOR	☐ 10 mg, IVPush, inj, OCTOR	
	Antibiotics		
	Outpatient Surgical Prophylactic Antibio (Outpatient Surgical Propher ***See Reference Text***	hylactic Antibiotic Selection)	
	ampicillin-sulbactam ☐ 1.5 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Pro ☐ 3 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Proph		
	ceFAZolin 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 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		
	cefepime ☐ 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		
	cefoTEtan ☐ 1 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Propl ☐ 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Propl	nylaxis nylaxis	
	cefOXitin ☐ 1 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Propl ☐ 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Propl		
Ç	cefuroxime (Zinacef) 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. Continued on next page		
□ то	☐ Read Back	☐ Scanned Powerchart ☐	Scanned PharmScan
Order Taker	n by Signature:	Date	Time
Physician S	iignature:	Date	Time

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

Patient Label Here

				\dashv
	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 ☐ 400 mg, IVPB, ivpb, OCTOR, Infuse over 60 min, Pre-OP/Post-Op I	Prophylaxis		
	clindamycin Goo mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis			
	doxycycline 100 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis			
	gentamicin Bo mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis			
	levoFLOXacin ☐ 500 mg, IVPB, ivpb, OCTOR, Infuse over 60 min, Pre-OP/Post-Op F ☐ 750 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op F	Prophylaxis Prophylaxis		
	metroNIDAZOLE ☐ 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 500 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis 1 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis 2 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis			
	piperacillin-tazobactam ☐ 3.375 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op F	Prophylaxis		
	tobramycin 80 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prop	hylaxis		
	vancomycin ☐ 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Open Administer 1 hour before surgery	o Prophylaxis		
	Anticoagulants			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 30 mg, subcut, syringe, OCTOR, Pharmacy to Adjust Dose per Ren 40 mg, subcut, syringe, OCTOR, Pharmacy to Adjust Dose per Ren			
	heparin 5,000 units, subcut, inj, OCTOR			
	Prophylactic Post Op Nausea Vomiting			
	dexAMETHasone ☐ 10 mg, IVPush, inj, OCTOR			
	droNABinol ☐ 5 mg, PO, cap, OCTOR To be administered in OR holding.			
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S		.		

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

Patient Label Here

	PHYSICIA	N 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 ☐ 4 mg, IVPush, soln, OCTOR		
	prochlorperazine ☐ 25 mg, rectally, supp, OCTOR		
	Other Pre-Op Medication		
	acetaminophen 1,000 mg, PO, tab, OCTOR 650 mg, rectally, supp, OCTOR	1,000 mg, PO, liq, OCTOR	
	allopurinol 300 mg, PO, tab, OCTOR Give with plenty of water.		
	aspirin ☐ 325 mg, PO, tab, OCTOR		
	gabapentin ☐ 300 mg, PO, cap, OCTOR		
	ketorolac ☐ 15 mg, IVPush, inj, OCTOR		
	celecoxib ☐ 200 mg, PO, cap, OCTOR		
	indocyanine green □ 25 mg, IVPush, inj, OCTOR Reconstitute vial with 10 mL sterile water for injection. Final Concentra □ 2.5 mg, IVPush, inj, OCTOR Reconstitute vial with 10 mL sterile water for injection. Final Concentra		
	mupirocin topical (mupirocin 2% topical ointment) 1 app, intra-nasal, oint, OCTOR		
	oxyCODONE ☐ 10 mg, PO, tab, OCTOR		
	oxyCODONE (oxyCODONE extended release) 10 mg, PO, tab sa, OCTOR Do not crush or chew.		
	scopolamine 1 mg, transdermal, adh patch, OCTOR Apply at least 2 hours prior to OR		
	tranexamic acid ☐ 1,000 mg, IVPB, ivpb, OCTOR, x 2 dose, Infuse over 30 min To be given INTRAOPERATIVELY.		
	ascorbic acid (Vitamin C) 1,000 mg, PO, tab, OCTOR		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

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

Patient Label Here

	PHYSICIAN 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			
	vitamin E		
	1,000 units, PO, cap, OCTOR		
	***If additional medication sare needed, select "Add to Phase" button above to add order. If medication order is not		
	available, may complete the following "misc medication" order to allow pharmacy to enter into PowerChart***		
	misc medication		
	misc medication		
	Laboratory		
	Urine Beta hCG Urine, STAT Outpatient/PACU, T;N, Vendor Bill No		
	BUN STAT Outpatient/PACU, T;N, Vendor Bill No		
	Creatinine ☐ STAT Outpatient/PACU, T;N, Vendor Bill No		
	POC Blood Sugar Check ☐ ONE TIME, upon arrival ☐ q4h		
	POC Chem 8		
	POC Hemoglobin and Hematocrit		
	Respiratory		
	Arterial Blood Gas STAT, Patient in OPS.		
	IS Instruct		
	Consults/Referrals		
	Consult MD Service: Anesthesiology, Reason: Pre-op		
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan		
Order Take	n by Signature: Date Time		
Physician Signature: Date Time			

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ADULT OUTPATIENT SURGERY PLAN - Phase: Outpatient Surgical Procedure

Patient Label Here

	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/PR Outpatient Surgical Procedure	E-OP PHASE.	
	Outpatient Surgical Procedure		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time

ADULT OUTPATIENT SURGERY PLAN - Phase: PACU Orders

Patient Label Here

	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 DETAILS		
	Patient Care		
	Vital Signs ☑ Per Unit Standards		
	Apply Sequential Compression Device ☐ Apply to Bilateral Lower Extremities		
	Communication		
I	Notify Provider of VS Parameters		
	Laboratory		
	CBC ☐ STAT Outpatient/PACU, T;N, Vendor Bill No		
	Hemoglobin and Hematocrit ☐ STAT Outpatient/PACU, T;N, Vendor Bill No		
	POC Hemoglobin and Hematocrit		
	Basic Metabolic Panel ☐ STAT Outpatient/PACU, T;N, Vendor Bill No		
	POC Chem 8		
	Comprehensive Metabolic Panel ☐ STAT Outpatient/PACU, T;N, Vendor Bill No		
	Diagnostic Tests		
□ то	☐ Read Back	☐ Scanned Powerchart	Scanned PharmScan
Order Taken	by Signature:	Date	Time
Physician Signature:		Date	

Patient Label Here

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

	PHYSICIA	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	er 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 le Attending of record and to the Attending Ortho Surgeon. Scan PRN, If more than 250, Then: Call MD, Perform as needed for present of the distention present OR 6 hrs post Foley removal and patient has not very	patients complaining of urinary	
	POC Hemoglobin and Hematocrit		
☐ TO Order Take	Read Back	Scanned Powerchart	Scanned PharmScan
	Signature:	Date	Time

Patient Label Here

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				
	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) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat			
	Analgesics for Mild Pain			
	Select only ONE of the following for Mild Pain.			
	acetaminophen			
	Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours			
	ibuprofen ☐ 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 ☐ 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) ☐ 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*** ☐ 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			
	□ 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) □ 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)			
	Anti-pyretics			
	Select only ONE of the following for fever.			
Ç	acetaminophen ☐ 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			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

Patient Label Here

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	le.		
ORDER	ORDER DETAILS			
	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			
	☐ 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. 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 ☐ 4 mg, IVPush, soln, q8h, PRN nausea			
	To be given in OPS ONLY.			
	promethazine			
	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) ☐ 30 mL, PO, susp, q4h, PRN indigestion			
	To be given in OPS ONLY.			
	simethicone			
	☐ 80 mg, PO, tab chew, q4h, PRN gas To be given in OPS ONLY.			
	160 mg, PO, tab chew, q4h, PRN gas			
	To be given in OPS ONLY.			
	Sedatives			
	ALPRAZolam 0.25 mg, PO, tab, TID, PRN anxiety			
	To be given in OPS ONLY.			
1	Antihistamines			
	diphenhydrAMINE ☐ 25 mg, PO, cap, q4h, PRN itching			
	To be given in OPS ONLY.			
	☐ 25 mg, IVPush, inj, q4h, PRN itching To be given in OPS ONLY.			
□ то	Read Back Scanned Powerchart Scanned PharmScan			
Order Taker	ken by Signature: Date Time			
Physician S	a Signature: Date Time	_		

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 deta	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	Diagnostic Tests		
	EKG-12 Lead		
Ī	Radiography		
	DX Chest PA & Lateral STAT, Portable, Post-op. Patient in PACU		
	DX Abdomen AP (KUB) STAT, Portable, Post-op. Patient in PACU		
	DX Ankle Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Ankle Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Elbow Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Elbow Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Femur 1 view (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Femur 1 view (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Femur 2+ vws (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Femur 2+ vws (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Foot Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU	-	
	DX Foot Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Forearm AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Forearm AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Hand Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Hand Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Heel-Os Calsis 2+ (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Heel-Os Calsis 2+ (Right) STAT, Portable, Post-op. Patient in PACU		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	cen by Signature:	Date	Time
Physician S	n Signature:	Date	Time

Patient Label Here

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

	PHYSICIA	IN ORDERS	
_	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order o	letail box(es) where applicable.
ORDER	ORDER DETAILS		
	DX Hip 2-3 views Unilat (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Hip 2-3 views Unilat (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Wrist Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Wrist Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Tib/Fib AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Tib/Fib AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,A: STAT, Portable, Post-op. Patient in PACU	x (Left))	
	DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,	Ax (Right))	
	DX Pelvis Complete 3+ (DX Pelvis w Juda Views) STAT, Portable, Post-op. Patient in PACU		
	DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet) STAT, Portable, Post-op. Patient in PACU		
	DX Pelvis AP 1 or 2 vw STAT, Portable, Post-op. Patient in PACU		
	DX Knee 1or 2 vws (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Knee 1or 2 vws (Right) STAT, Portable, Post-op. Patient in PACU		
□ то	Read Back	Scanned Powerchart	☐ Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time

Patient Label Here

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

	PHYSICIAN ORDERS		
Т	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 RB Rload Type (ARO/Rb)		
	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		
	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician S	ognature:	Date	Time