

ADULT OUTPATIENT SURGERY POST-OP DISCOMFORT MED PLAN

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

Patient Care

Perform Bladder Scan

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.

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

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\*\*\*

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\*\*\*

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

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\*\*\*

Continued on next page...

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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ORDER	ORDER DETAILS
	<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***
	<b>traMADol</b> <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)
<b>Anti-pyretics</b>	
	Select only ONE of the following for fever.  <b>acetaminophen</b> <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*** <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***
	<b>ibuprofen</b> <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.
<b>Antiemetics</b>	
	Select only ONE of the following for nausea/vomiting.  <b>promethazine</b> <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY.
	<b>ondansetron</b> <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY.
<b>Antacids</b>	
	<b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b> <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion To be given in OPS ONLY.
	<b>simethicone</b> <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.
<b>Sedatives</b>	

TO     Read Back

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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MED PLAN

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ORDER	ORDER DETAILS
	<p><b>ALPRAZolam</b>  <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety            To be given in OPS ONLY.</p>
<b>Antihistamines</b>	
	<p><b>diphenhydrAMINE</b>  <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.</p>

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

