



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

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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



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

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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





EC OR ADULT OUTPATIENT SURGERY PLAN  
- Phase: Discharge Orders

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

General

Discharge Patient (Outpatient)

Discharge Condition

- Discharge Condition: Improved
- Discharge Condition: Fair

- Discharge Condition: Stable

Discharge Disposition

- Discharge To: Home
- Discharge To: SNF
- Discharge To: Home with Hospice
- Discharge To: TDCJ or any other jail

- Discharge To: Home with Home Health
- Discharge To: Nursing Home - Intermediate Care
- Discharge To: Long term care

Discharge Instructions

Diet

Discharge Diet

- Diet: Resume pre-hospital diet
- Diet: AHA
- Diet: Regular

- Diet: ADA
- Diet: Low sodium (Less than 2 grams)
- Diet: Renal

Activity

Discharge Activity/Activity Precautions

- Activity: As tolerated | No restrictions
- Activity: Bed rest
- Activity: Exercise per OT/PT instructions
- Activity: Knee precautions
- Activity: No pushing or pulling with arms
- Activity: Posterior hip precautions
- Activity: With assistance

- Activity: As tolerated
- Activity: Do NOT lift arms above shoulders
- Activity: Keep splint on at all times
- Activity: No restrictions
- Activity: No straining or heavy lifting
- 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
- Sexual Activity: Pelvic rest
- Sexual Activity: Do NOT have sexual activity
- Sexual Activity: Do NOT take top position during sex

- Sexual Activity: No limitations
- Sexual Activity: Do NOT take meds for ED with nitrates

Discharge Extremity Care (ROM, CPM, etc)

Line, Drain, and Wound Care

Discharge Wound Care

Discharge Surgical Drain/Tube Care

Discharge Foley/Nephrostomy Care

Follow Up

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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





EC OR 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
<b>Patient Care</b>	
<b>Perform Bladder Scan</b> <input type="checkbox"/> 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.	
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
<b>phenol topical (Cepastat)</b> <input type="checkbox"/> 1 lozenge, PO, lozenge, q4h, PRN sore throat Do not exceed 6 lozenges in 24 hours	
<b>Analgesics for Mild Pain</b>	
Select only ONE of the following for Mild Pain.	
<b>acetaminophen</b> <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***	
<b>ibuprofen</b> <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***	
<b>Analgesics for Moderate Pain</b>	
Select only ONE of the following for Moderate Pain.	
<b>ketorolac</b> <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***	
<b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <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*** Continued on next page....	

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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



EC OR 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"/> 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>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>	
	<b>ALPRAZolam</b> <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety To be given in OPS ONLY.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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





EC OR 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.

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.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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

