EC OR ADULT OUTPATIENT SURGERY PLAN - Phase: PACU Orders

	PHYSICIAN C	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND a	an "x" in the specific order d	etail box(es) where applicable.
ORDER	ORDER DETAILS		
	Admit/Discharge/Transfer		h a la a
	This plan should only be placed on a patient that is being discharged from o admitted, this plan should not be used. Use appropriate admission plan.	butpatient surgery. If patient is	being
	Patient Care		
	Vital Signs Per Unit Standards		
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities		
	Communication		
	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		
	Diagnostic Tests		
то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician S	Signature:	Date	Time



Patient Label Here

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

	PHYSICIA			
	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			
	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		
		J Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	

Physician Signature: _



Time

Date

UMC Health Syste	m
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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 app	licable.
ORDER	R 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,Ax (Left)) STAT, Portable, Post-op. Patient in PACU	
	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	
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Order Take	Caken by Signature:	
Physician S	an Signature: Date Time	

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EC OR ADULT OUTPATIENT SURGERY PLAN - Phase: OPS Post-Op Orders

	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			
	Admit/Discharge/Transfer			
	If returning patient to PACU, right click and REPLICATE the PACU Or	ders Phase		
	Return Patient to PACU			
	Patient Care			
	Vital Signs Per Unit Standards			
	Convert IV to INT			
	Discontinue Peripheral Line			
	Discontinue Urinary Catheter			
	Do NOT DC Foley			
	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: Care Limitation	Code Status: DNR/AND (A	llow Natural Death)	
	Notify Provider of VS Parameters			
	Notify Provider (Misc)			
	Notify Nurse (DO NOT USE FOR MEDS)			
	Notify Nurse (DO NOT USE FOR MEDS)			
	PT Eval and Treat OP			
	Dietary			
	Outpatient Diet	Clear Liq. Advance to Pre-	Hospital Diet	
	Medications	<u>.</u>	•	
	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			
Пто	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician	Signature:	Date	Time	
			1201	

	UMC Health System C OR ADULT OUTPATIENT SURGERY PLAN Phase: Discharge Orders	Patient Label Here	
	PHYSIC	IAN ORDERS	
Diagnos	is		
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		
Пто	Read Back	Scanned Powerchart Scanned PharmScan	
Order Tak	en by Signature:	Date Time	
Physician	Signature:	Date Time	



EC OR ADULT OUTPATIENT SURGERY PLAN - Phase: Discharge Orders

	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			
	Discharge Follow-up Appointment			
	Discharge Follow-up Appointment			
	Discharge Follow-up Lab			
	Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Discharge Follow-up Procedure (Discharge Follow-up Procedure (Discharge Follow-up Procedure (Discharge Follow-up Procedure (Discharge Fo	agnostic 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 Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	
			1201	



- F	UMC Health System C OR ADULT OUTPATIENT SURGERY PLAN Phase: ADULT OUTPATIENT SURGERY POST-OP SCOMFORT MED PLAN	Р	atient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
UND EIN	Patient Care		
	 Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for p distention present OR 6 hrs post Foley removal and patient has not volume 		y discomfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a tot phenol topical (Cepastat) 1 lozenge, PO, lozenge, q4h, PRN sore throat Do not exceed 6 lozenges in 24 hours	al daily dose if needed.	
	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*** 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 m ☐ 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 h Continued on next page		
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Physician S	Signature:	Date	Time



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– F	C OR ADULT OUTPATIENT SURGERY PLAN Phase: ADULT OUTPATIENT SURGERY POST-OP ISCOMFORT MED PLAN		
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	ler detail box(es) where applicable.
ORDER		•	.,
	 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 h 	ours***	
	Anti-pyretics		
	Select only ONE of the following for fever. 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*** 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*** 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. **** Do not exceed 3,200 mg in 24 hours. Give with food.			
	Antiemetics		
	Antiemetics Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY.		
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting		
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY. Antacids		
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY.	esium hydroxide-simethic	one 200 mg-200 mg-20 mg/5 mL oral
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY. Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn suspension) 30 mL, PO, susp, q4h, PRN indigestion	esium hydroxide-simethico	one 200 mg-200 mg-20 mg/5 mL oral
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY. Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn 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	esium hydroxide-simethico	one 200 mg-200 mg-20 mg/5 mL oral
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY. Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn 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.	esium hydroxide-simethico	one 200 mg-200 mg-20 mg/5 mL oral
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY. Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn 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. Sedatives ALPRAZolam 0.25 mg, PO, tab, TID, PRN anxiety	esium hydroxide-simethico	one 200 mg-200 mg-20 mg/5 mL oral
□	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY. Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn 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.	esium hydroxide-simethico	one 200 mg-200 mg-20 mg/5 mL oral
	Select only ONE of the following for nausea/vomiting. promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting To be given in OPS ONLY. ondansetron 4 mg, IVPush, soln, q8h, PRN nausea/vomiting To be given in OPS ONLY. Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn 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.		Scanned PharmScan



	UMC Health System	Pa	atient Label Here
EC - F DI	C OR ADULT OUTPATIENT SURGERY PLAN Phase: ADULT OUTPATIENT SURGERY POST-OP SCOMFORT MED PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er 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.		
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Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

