

UMC Health System EC OR PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: Discharge 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

General

Discharge Patient (Outpatient)

Discharge Condition
 Discharge Condition: Improved Discharge Condition: Stable
 Discharge Condition: Fair

Discharge Disposition
 Discharge To: Home Discharge To: Home with Home Health
 Discharge To: Another Hospital Discharge To: Home with Hospice
 Discharge To: Children's Hospital

Discharge Instructions Pediatric/Infant

Discharge Misc Education for Patient

Diet

Discharge Pediatric Diet
 Diet: Resume pre-hospital diet Diet: Regular

Discharge Infant Feeding

Activity

Discharge Pediatric Activity
 Activity: As tolerated
 Activity: Car seat for all car rides | Place infant on back to sleep
 Activity: No restriction

Discharge Bathing Instructions

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)

Follow Up

Discharge Follow-up Appointment

Discharge Follow-up Appointment

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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EC OR PEDIATRIC OUTPATIENT SURGERY PLAN
- Phase: OPS Post-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
Admit/Discharge/Transfer	
	If returning patient to PACU, right click and REPLICATE the PACU Orders Phase
	Return Patient to PACU
Patient Care	
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Convert IV to INT
	Discontinue Peripheral Line <input type="checkbox"/> When vital signs stable, tolerating fluids, and pain controlled.
	Discontinue Urinary Catheter
Communication	
	Code Status must be declared post operatively as the patient has had a change in the level of care Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
	Notify Provider of VS Parameters
	Notify Provider (Misc)
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Patient NOT required to void prior to discharge.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Do Not Discharge patient until seen by physician.
Dietary	
	Outpatient Diet <input type="checkbox"/> Clear Liq. Advance to Pre-Hospital Diet <input type="checkbox"/> Pre-Hospital Diet
Laboratory	
	POC Blood Sugar Check
Physical Medicine and Rehab	
	Consult PT Mobility for Eval & Treat <input type="checkbox"/> Crutch Training
Consults/Referrals	
	Social Services for DME for Home
	Social Services for Home Health Care

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<p>UMC Health System</p> <p>EC OR PEDIATRIC OUTPATIENT SURGERY PLAN - Phase: PACU 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
	Admit/Discharge/Transfer
	This Plan should only be placed on a patient that is being discharged from outpatient surgery . If patient is being admitted, this plan should not be used. Use appropriate plan.
	Patient Care
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities
	Communication
	Notify Provider of VS Parameters
	Laboratory
	POC Chem 8
	POC Hemoglobin and Hematocrit
	CBC <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	Basic Metabolic Panel <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	Diagnostic Tests

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UMC Health System

Patient Label Here

**EC OR PEDIATRIC 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. POC Hemoglobin and Hematocrit
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

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EC OR PEDIATRIC 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 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
	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

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EC OR PEDIATRIC OUTPATIENT SURGERY PLAN
 - Phase: PEDIATRIC 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.

Analgesics for Mild Pain

Select only ONE of the following for Mild Pain

acetaminophen (acetaminophen pediatric)

15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

40 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

120 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

160 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

240 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

320 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

325 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

400 mg, PO, liq, q6h, PRN pain-mild (scale 1-3)

To be given in OPS ONLY.

Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

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EC OR PEDIATRIC OUTPATIENT SURGERY PLAN
 - Phase: PEDIATRIC 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"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen (ibuprofen pediatric) <input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 50 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 100 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 150 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 200 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 250 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 300 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.
	ketorolac <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.
Anti-pyretics	
	Select only ONE of the following for fever

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 - Phase: PEDIATRIC 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
	<p>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 15 mg/kg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 40 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 80 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 120 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 160 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 240 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 320 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 325 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 400 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 500 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p>Continued on next page....</p>

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EC OR PEDIATRIC OUTPATIENT SURGERY PLAN
 - Phase: PEDIATRIC 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
	<p>ibuprofen (ibuprofen pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 50 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 80 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 100 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 150 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 200 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 200 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 250 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 300 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.</p> <p><input type="checkbox"/> 600 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.</p>

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