



<b>UMC Health System</b>  GYN ONC OUTPATIENT SURGERY PLAN - Phase: Discharge Orders	<b>Patient Label Here</b>
--	---------------------------

**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>Admit/Discharge/Transfer</b>
	<b>Discharge Patient</b>
	<b>Discharge Condition</b> <input type="checkbox"/> Discharge Condition: Improved <input type="checkbox"/> Discharge Condition: Stable <input type="checkbox"/> Discharge Condition: Fair
	<b>Discharge Disposition</b> <input type="checkbox"/> Discharge To: Home <input type="checkbox"/> Discharge To: Home with Home Health <input type="checkbox"/> Discharge To: SNF <input type="checkbox"/> Discharge To: Nursing Home - Intermediate Care <input type="checkbox"/> Discharge To: Home with Home Health <input type="checkbox"/> Discharge To: Long term care <input type="checkbox"/> Discharge To: TDCJ or any other jail
	<b>Discharge Instructions</b>
	<b>Discharge Diet</b> <input type="checkbox"/> Diet: Resume pre-hospital diet <input type="checkbox"/> Diet: ADA <input type="checkbox"/> Diet: AHA <input type="checkbox"/> Diet: Low sodium (Less than 2 grams) <input type="checkbox"/> Diet: Regular <input type="checkbox"/> Diet: Renal
	<b>Discharge Activity/Activity Precautions</b> <input type="checkbox"/> Activity: As tolerated   No restrictions <input type="checkbox"/> Activity: As tolerated <input type="checkbox"/> Activity: Bed rest <input type="checkbox"/> Activity: Exercise per OT/PT instructions <input type="checkbox"/> Activity: No straining or heavy lifting <input type="checkbox"/> Activity: With assistance
	<b>Discharge Driving Instructions</b>
	<b>Discharge Bathing Instructions</b>
	<b>Discharge Sexual Instructions</b> <input type="checkbox"/> Sexual Activity: Pelvic rest, Duration of Restriction: 4-6 weeks <input type="checkbox"/> Sexual Activity: No limitations <input type="checkbox"/> Sexual Activity: Pelvic rest <input type="checkbox"/> Sexual Activity: Do NOT take top position during sex <input type="checkbox"/> Sexual Activity: Do NOT have sexual activity
	<b>Discharge Open Wound Care Instructions</b>
	<b>Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site Care Instructions)</b>
	<b>Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/Tube Care Instructions)</b>
	<b>Discharge Foley/Nephrostomy Care Instruc (Discharge Foley/Nephrostomy Care Instructions)</b>
	<b>Discharge Follow-up Appointment</b>
	<b>Discharge Follow-up Appointment</b>
	<b>Discharge Follow-up Lab</b>
	<b>Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)</b>
	This section is to be filled out by Social Services.
	<b>Discharge DME Instructions</b>
	<b>Discharge Home Health Instructions</b>
	<b>Communication</b>
	<b>Patient May Return to Work/School</b>

TO     Read Back     Scanned Powerchart                       Scanned PharmScan  
 Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



GYN ONC OUTPATIENT SURGERY PLAN  
- Phase: OPS/OR Holding Pre-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
	<b>Patient Care</b>
	<b>Pre-Operative Warming Orders</b>
	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
	<b>Insert Peripheral Line</b> <input type="checkbox"/> T;N, Routine
	<b>Apply Sequential Compression Device</b> <input type="checkbox"/> Apply to Bilateral Lower Extremities
	<b>Apply Elastic Stockings</b> <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High
	<b>Communication</b>
	<b>Instruct Patient</b> <input type="checkbox"/> Instruct Patient On: Incentive spirometry
	<b>Dietary</b>
	<b>Outpatient Diet</b> <input type="checkbox"/> NPO, except medications
	<b>IV Solutions</b>
	<b>LR</b> <input type="checkbox"/> IV, 100 mL/hr
	<b>Medications</b>
	<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>
	<b>Antibiotics</b>
	<b>ceFAZolin</b> <input type="checkbox"/> 1 g, IVPush, inj, OCTOR, For patients under 80 kg Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, For patients 80-120 kg Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes <input type="checkbox"/> 3 g, IVPB, ivpb, OCTOR, Infuse over 30 min, For patients GREATER than 120 kg
	<b>levoFLOXacin</b> <input type="checkbox"/> 750 mg, IVPB, ivpb, OCTOR, Infuse over 90 min
	<b>metronIDAZOLE</b> <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr Do not refrigerate. Do not give with drugs containing alcohol.
	<b>Anticoagulants</b>
	<b>enoxaparin (enoxaparin for weight 40 kg or GREATER)</b> <input type="checkbox"/> 40 mg, subcut, syringe, ONE TIME Upon arrival
	For patients LESS than 40 kg

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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







UMC Health System

Patient Label Here

GYN ONC OUTPATIENT SURGERY PLAN  
- Phase: OUTPATIENT BB TYPE AND SCREEN

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>Laboratory</b>	
	<b>BB Blood Type (ABO/Rh)</b> <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	<b>BB Antibody Screen</b> <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	<b>BB Clot to Hold</b> <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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

