UMC Health System GYN ONC OUTPATIENT SURGERY PLAN - Phase: Diagnostic Pre-Op Orders		P	atient Label Here	
		N ORDERS		
Diagnos				
Weight	Allergies			
	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.	
ORDER	ORDER DETAILS			
	Admit/Discharge/Transfer  Request for Outpatient Services  Location: Outpatient Surgery			
	Communication			
	Physician should review with patient medications patients takes especia diabetic meds (especially long acting PM insulin) and anticoagulants (Plater Physician Provide the stress of the			
	Code Status Code Status: Full Code Code Status: Directive to Physician	Code Status: DNR/AND	(Allow Natural Death)	
	Instruct Patient Instruct Patient On: Other Take the following medications the morning	g of surgery with a sip of wate	r.	
	Laboratory			
CBC         Routine Outpatient/PACU, T;N, Vendor Bill No         Basic Metabolic Panel         Routine Outpatient/PACU, T;N, Vendor Bill No         Comprehensive Metabolic Panel         Routine Outpatient/PACU, T;N, Vendor Bill No				
	Prothrombin Time with INR Routine Outpatient/PACU, T;N, Vendor Bill No			
PTT Routine Outpatient/PACU, T;N, Vendor Bill No				
	Urine Beta hCG Urine, Routine Outpatient/PACU, T;N, Vendor Bill No			
	Diagnostic Tests			
	EKG-12 Lead			
	DX Chest PA & Lateral			
	Additional Orders			
П то	Scanned PharmScan			
Order Take	en by Signature:	Date	Time	
	Signature:	Date		

UMC Health System GYN ONC OUTPATIENT SURGERY PLAN - Phase: Discharge Orders		Patient Label Here		
	PHYSICI	AN ORDERS		
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific ord	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Admit/Discharge/Transfer			
	Discharge Patient			
	Discharge Condition Discharge Condition: Improved Discharge Condition: Fair	Discharge Condition: Sta	ble	
	Discharge Disposition Discharge To: Home Discharge To: SNF Discharge To: Home with Home Health Discharge To: TDCJ or any other jail	<ul> <li>Discharge To: Home with Home Health</li> <li>Discharge To: Nursing Home - Intermediate Care</li> <li>Discharge To: Long term care</li> </ul>		
	Discharge Instructions			
	Discharge Diet Diet: Resume pre-hospital diet Diet: AHA Diet: Regular	☐ Diet: ADA ☐ Diet: Low sodium (Less th ☐ Diet: Renal	han 2 grams)	
	Discharge Activity/Activity Precautions Activity: As tolerated   No restrictions Activity: Bed rest Activity: No straining or heavy lifting	<ul> <li>Activity: As tolerated</li> <li>Activity: Exercise per OT/PT instructions</li> <li>Activity: With assistance</li> </ul>		
	Discharge Driving Instructions			
	Discharge Bathing 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: No limitat ☐ Sexual Activity: Do NOT	ions take top position during sex	
	Discharge Open Wound Care Instructions			
	Discharge Closed Surgical Site Care Inst (Discharge Closed Surgic	al Site Care Instructions)		
	Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain	/Tube Care Instructions)		
	Discharge Foley/Nephrostomy Care Instruc (Discharge Foley/Neph	ostomy Care Instructions)		
	Discharge Follow-up Appointment			
	Discharge Follow-up Appointment			
	Discharge Follow-up Lab			
	Discharge Follow-up Diagnostic Procedure (Discharge Follow-up D	iagnostic Procedures)		
	This section is to be filled out by Social Services.	· ·		
	Discharge DME Instructions			
	Discharge Home Health Instructions			
	Communication			
	Patient May Return to Work/School			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Date	Time	
Physician Signature:		Date	Time	

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## GYN ONC OUTPATIENT SURGERY PLAN - Phase: OPS Post-Op Orders

Patient Label Here

	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				
	Admit/Discharge/Transfer			
	***If returning pateint to PACU, right click and replicate the PACU Orders	s Phase***		
	Patient Care			
	Vital Signs Per Unit Standards			
	Convert IV to INT			
	Discontinue Peripheral Line			
	Communication			
	Notify Provider of VS Parameters SBP Less Than 90, HR Less Than 60			
	Notify Provider (Misc)			
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Pateint required to void prior to discharge, and amount should be	e recorded.		
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Do NOT discharge patient until seen by physician.			
	Dietary			
	Outpatient Diet			
	Outpatient Diet Other (see special instructions), Boost Breeze (8 ounce box)			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	Order Taken by Signature: Date Time			
Physician S	ignature:	Date	Time	

UMC Health System GYN ONC OUTPATIENT SURGERY PLAN - Phase: OPS/OR Holding Pre-Op Orders		F	Patient Label Here	
	PHYSICI	AN ORDERS		
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific or	der detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Pre-Operative Warming Orders			
	Vital Signs ☐ Per Unit Standards			
	Insert Peripheral Line T;N, Routine			
	Apply Sequential Compression Device			
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Knee High			
	Communication			
	Instruct Patient Instruct Patient On: Incentive spirometry			
	Dietary			
	Outpatient Diet           NPO, except medications			
	IV Solutions			
	LR IV, 100 mL/hr			
	edications edication sentences are per dose. You will need to calculate a total daily dose if needed.			
	Antibiotics	otal dally dose il fielded.		
	ceFAZolin			
	☐ 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			
□ 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				
	□ 3 g, IVPB, ivpb, OCTOR, Infuse over 30 min, For patients GREATER than 120 kg			
IevoFLOXacin ☐ 750 mg, IVPB, ivpb, OCTOR, Infuse over 90 min				
	metroNIDAZOLE			
	☐ 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr Do not refrigerate. Do not give with drugs containing alcohol.			
	Anticoagulants			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, ONE TIME Upon arrival			
	For patients LESS than 40 kg			
то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
	Signature:	Date	Time	

	UMC Health System	Pa	atient Label Here		
	YN ONC OUTPATIENT SURGERY PLAN Phase: OPS/OR Holding Pre-Op Orders				
		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.		
ORDER	ORDER DETAILS				
	enoxaparin 30 mg, subcut, syringe, ONE TIME, For patients LESS than 40 kg				
	Other Pre-Op Medication				
	gabapentin ☐ 600 mg, PO, tab, ONE TIME Upon Arrival. ☐ 1,200 mg, PO, tab, ONE TIME Upon arrival.				
	<b>celecoxib</b> ☐ 400 mg, PO, cap, ONE TIME				
	acetaminophen I 1,000 mg, PO, tab, ONE TIME ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***				
	ondansetron 16 mg, PO, tab, ONE TIME				
	scopolamine 1 mg, transdermal, adh patch, ONE TIME Hold if patient is GREATER than 60 years of age				
	Consults/Referrals				
	Consult MD Service: Anesthesiology, Reason: Pre-Op Routine				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	en by Signature:	Date	Time		
Physician	Physician Signature:      Time				

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	UMC Health System	Pa	atient Label Here
GYN ONC OUTPATIENT SURGERY PLAN - Phase: PACU Orders			
- F	mase. PACO Orders		
	DIVOOL		
	PHYSICIA Place an "X" in the Orders column to designate orders of choice AN	N ORDERS	er detail box(es) where applicable
ORDER			
	Patient Care		
	Vital Signs Per Unit Standards		
	Communication Notify Provider of VS Parameters (Notify Provider if VS)		
	Laboratory		
	CBC STAT Outpatient/PACU, T;N, Vendor Bill No		
	Hemoglobin and Hematocrit		
	Basic Metabolic Panel STAT Outpatient/PACU, T;N, Vendor Bill No		
	Comprehensive Metabolic Panel STAT Outpatient/PACU, T;N, Vendor Bill No		
	POC Hemoglobin and Hematocrit		
	POC Chem 8		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en 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			
		N ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	Laboratory		
	BB Blood Type (ABO/Rh) Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Antibody Screen Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Clot to Hold		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time

