

LYSIS OF ADHESIONS POST-OP PLAN  
- Phase: PACU Phase

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

Communication

Place Device at Bedside

Confirm there are 3 x Aliquots of 0.2% Ropivacaine. 2 x Medfusion Infusion pumps. Confirm 3 x PF Aliquots of 10% Hypertonic Saline . 3 x Aliquots of PF Saline Normal Saline. Send remaining unused meds with pt to the floor.

Notify Nurse (DO NOT USE FOR MEDS)

Send all unused meds and administration items to floor with patient

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

\*\*\*Remaining meds should be sent with the patient to be given in room to prevent reordering medications\*\*\*

ropivacaine (ROPivacaine 0.2% injectable solution)

60 mL, locally, inj, ONE TIME  
Send 3 vials of ropivacaine 0.2% to PACU

sodium chloride (hypertonic saline 10%)

78 mL, locally, inj, ONE TIME  
Send 6 vials of hypertonic saline to PACU. Keep Refrigerated.

sodium chloride (sodium chloride 0.9% PF)

30 mL, locally, inj, ONE TIME  
Send 3 vials of NS PF 10 mL to PACU.

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



LYSIS OF ADHESIONS POST-OP PLAN  
- Phase: When Pt Arrives to Room

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>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
	<b>Patient Activity</b> <input type="checkbox"/> Bedrest, Lay flat in bed for 24 hours then activity as tolerated. <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest
	<b>Convert IV to INT</b> <input type="checkbox"/> When tolerating PO fluids
	<b>Syringe Pump</b> <input type="checkbox"/> STAT, 2 Pumps to bedside with tubing.
<b>Communication</b>	
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> No bath or shower for 48 hours.
	<b>Notify Provider of VS Parameters</b> <input type="checkbox"/> Temp Greater Than 102
	<b>Place Device at Bedside</b> <input type="checkbox"/> Confirm there are 2 Aliquots of Ropivacaine, PF Saline, and 10% Saline. Suture Removal Kit. 10 x alcohol swabs. 3 x Sterile 4x4's. 3 x Luer Locks. 6 x 10 ml Syringes. 6 x 18 gauge blunt filter needles.
<b>Dietary</b>	
	<b>Oral Diet</b> <input type="checkbox"/> Regular Diet <input type="checkbox"/> Full Liquid Diet <input type="checkbox"/> Heart Healthy Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid
	<b>NPO Diet</b> <input type="checkbox"/> T;2359, NPO After Midnight, Except Meds <input type="checkbox"/> T;2359, NPO After Midnight <input type="checkbox"/> NPO
<b>IV Solutions</b>	
	<b>LR (Lactated Ringer's)</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>	
	Please ensure that the patient still has at least 2 vials each of ropivacaine 0.2%, normal saline PF, and hypertonic saline. If not, please place orders below to make sure patient has two vials of each. <b>ropivacaine (ROPIvacaine 0.2% injectable solution)</b> <input type="checkbox"/> 20 mL, locally, inj, ONE TIME Send 1 vial of ropivacaine 0.2%. <input type="checkbox"/> 40 mL, locally, inj, ONE TIME Send 2 vials of ropivacaine 0.2%.
	<b>sodium chloride (hypertonic saline 10%)</b> <input type="checkbox"/> 13 mL, locally, inj, ONE TIME Send 1 vial of hypertonic saline. Keep Refrigerated. <input type="checkbox"/> 26 mL, locally, inj, ONE TIME Send 2 vials of hypertonic saline. Keep Refrigerated.

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



LYSIS OF ADHESIONS POST-OP PLAN  
- Phase: When Pt Arrives to Room

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><b>sodium chloride (sodium chloride 0.9% PF)</b>  <input type="checkbox"/> 10 mL, locally, inj, ONE TIME                      Send 1 vial of NS PF 10 mL.  <input type="checkbox"/> 20 mL, locally, inj, ONE TIME                      Send 2 vials of NS PF 10 mL.</p>
	<p><b>methocarbamol</b>  <input type="checkbox"/> 1,000 mg, IVPush, inj, q8h, PRN muscle spasms, x 72 hr                      Administer IVPush over 3 minutes.                      Administer IV while in recumbent position. Maintain position for at least 10 to 15 minutes following infusion.</p>

**Physical Medicine and Rehab**

**Consult PT Mobility for Eval & Treat**

**...Additional Orders**

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<p><b>UMC Health System</b></p> <p>LYSIS OF ADHESIONS POST-OP PLAN - Phase: DISCOMFORT MED PLAN</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
	<b>Patient Care</b>
	<p><b>Perform Bladder Scan</b></p> <p><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.</p>
	<b>Medications</b>
	<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>
	<p><b>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</b></p> <p><input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat</p>
	<p><b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b></p> <p><input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough</p>
	<p><b>dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)</b></p> <p><input type="checkbox"/> 15 mL, swish &amp; spit, liq, q2h, PRN mucositis While awake</p>
	<b>Anti-pyretics</b>
	<p>Select only ONE of the following for fever</p> <p><b>acetaminophen</b></p> <p><input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p>
	<p><b>ibuprofen</b></p> <p><input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.</p>
	<b>Analgesics for Mild Pain</b>
	<p>Select only ONE of the following for mild pain</p> <p><b>acetaminophen</b></p> <p><input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p> <p>Continued on next page....</p>

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



LYSIS OF ADHESIONS POST-OP PLAN  
- Phase: 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"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
	<b>ibuprofen</b> <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for moderate pain <b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use ____ if ordered.
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use ____ if ordered.
	<b>traMADol</b> <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered.
	<b>ketorolac</b> <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective, use ____ if ordered.
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for severe pain <b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.

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LYSIS OF ADHESIONS POST-OP PLAN  
- Phase: 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><b>HYDRomorphone</b></p> <p><input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)      <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</p> <p><input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</p>
<b>Antiemetics</b>	
	<p>Select only ONE of the following for nausea</p> <p><b>promethazine</b></p> <p><input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea</p>
	<p><b>ondansetron</b></p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.</p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.</p>
<b>Gastrointestinal Agents</b>	
	<p>Select only ONE of the following for constipation</p> <p><b>docusate</b></p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered.</p> <p><input type="checkbox"/> 100 mg, PO, cap, Daily Do not crush or chew.</p>
	<p><b>bisacodyl</b></p> <p><input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>
<b>Antacids</b>	
	<p><b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b></p> <p><input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.</p>
	<p><b>simethicone</b></p> <p><input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas      <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</p>
<b>Anxiety</b>	
	<p>Select only ONE of the following for anxiety</p> <p><b>ALPRAZolam</b></p> <p><input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety</p>
	<p><b>LORazepam</b></p> <p><input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety      <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety</p>
<b>Insomnia</b>	
	<p>Select only ONE of the following for insomnia</p> <p><b>ALPRAZolam</b></p> <p><input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia</p>
	<p><b>LORazepam</b></p> <p><input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia</p>

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LYSIS OF ADHESIONS POST-OP PLAN  
- Phase: 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><b>zolpidem</b>  <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia                      may repeat x1 in one hour if ineffective</p>
<b>Antihistamines</b>	
	<p><b>diphenhydrAMINE</b>  <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching                      <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</p>
<b>Anorectal Preparations</b>	
	<p>Select only ONE of the following for hemorrhoid care  <b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b>  <input type="checkbox"/> 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care                      Wipe affected area</p>
	<p><b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b>  <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care                      Apply to affected area</p>

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LYSIS OF ADHESIONS POST-OP PLAN  
- Phase: GERIATRIC 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>	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<b>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</b> <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	<b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b> <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	<b>melatonin</b> <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
<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, q6h, PRN pain-mild (scale 1-3) ***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) ***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) ***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) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for Moderate Pain  <b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*****
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for Severe Pain  <b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	<b>HYDROmorphone</b> <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
<b>Antiemetics</b>	

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<b>UMC Health System</b>		Patient Label Here	
LYSIS OF ADHESIONS POST-OP PLAN - Phase: GERIATRIC DISCOMFORT MED PLAN			
<b>PHYSICIAN ORDERS</b>			
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
<b>ORDER</b>	<b>ORDER DETAILS</b>		
	<b>ondansetron</b> <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea		
<b>Gastrointestinal Agents</b>			
	Select only ONE of the following for constipation  <b>docusate</b> <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation		
	<b>bisacodyl</b> <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation		
<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 Administer 1 hour before meals and nightly.		
	<b>simethicone</b> <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas		<input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
<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 ***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 ***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 ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.		
<b>Anorectal Preparations</b>			
	Select only ONE of the following for hemorrhoid care  <b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b> <input type="checkbox"/> 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area		
	<b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b> <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area		

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LYSIS OF ADHESIONS POST-OP PLAN  
 - Phase: PAIN MANAGEMENT - ALTERNATING  
 SCHEDULED MEDS

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>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	The following scheduled orders will alternate every 4 hours. <b>ibuprofen</b> <input type="checkbox"/> 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.
	<b>acetaminophen</b> <input type="checkbox"/> 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.
	For renally impaired patients: The following scheduled orders will alternate every 4 hours. <b>traMADol</b> <input type="checkbox"/> 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.
	<b>acetaminophen</b> <input type="checkbox"/> 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.

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