

UMC Health System OB/GYN GENERAL POST-OP PLAN	Patient Label Here
--	---------------------------

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

Patient Care

Vital Signs
 Per Unit Standards

Patient Activity
 Up Ad Lib/Activity as Tolerated | Assist as Needed Bedrest
 Bedrest | Bathroom Privileges Bedrest | Up to Bedside Commode Only

Strict Intake and Output
 Per Unit Standards q1h
 q2h q4h
 q12h

Urinary Catheter Care

Discontinue Urinary Catheter

Insert Straight Cath
 q6h PRN if unable to void. Reinsert Foley cath if straight cath required more than 2 times.
 q6h PRN if unable to void.

Instruct to Turn, Cough, & Deep Breath
 q1h | While Awake

Convert IV to INT
 When tolerating PO intake. In AM at 0600

Communication

Notify Provider of VS Parameters
 Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, SpO2 Less Than 92, SBP Greater Than 160, SBP Less Than 90, DBP Greater Than 110, DBP Less Than 50, HR Greater Than 120, HR Less Than 60

Notify Provider (Misc)
 Reason: Urine output less than 30 mL/hr.

Notify Provider (Misc)
 Reason: Excessive drainage or bleeding.

Dietary

NPO Diet
 NPO NPO, Except Meds
 NPO, Except Ice Chips NPO, Except Meds, Except Ice Chips

Oral Diet
 Clear Liquid Diet Full Liquid Diet
 Regular Diet Clear Liquid Diet, Advance as tolerated to Regular
 Clear Liquid Diet, Advance as tolerated to 1800 Calorie OB/GYN ADA

--	--

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

UMC Health System VTE PROPHYLAXIS PLAN	Patient Label Here
---	---------------------------

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
	VTE Guidelines <input type="checkbox"/> See Reference Text for Guidelines
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated Contraindications VTE <input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Anticipated procedure within 24 hours <input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Other anticoagulant ordered <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities <input type="checkbox"/> Apply to Right Lower Extremity (RLE) <input type="checkbox"/> Apply to Left Lower Extremity (LLE)
	Apply Pedal Pump <input type="checkbox"/> Apply to Bilateral Feet <input type="checkbox"/> Apply to Right Foot <input type="checkbox"/> Apply to Left Foot
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. ***Recommended Trauma Dose = 40 mg, subcut, q12h*** ***Recommended Dose for Morbidly Obese Patients = 40 mg, subcut, q12h*** enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis, for BMI greater than 39, Pharmacy to Adjust Dose per Renal Function
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg. fondaparinux <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h
	rivaroxaban <input type="checkbox"/> 10 mg, PO, tab, In PM
	warfarin <input type="checkbox"/> 5 mg, PO, tab, In PM
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 325 mg, PO, tab, Daily
	Laboratory

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System PCA MED PLAN	Patient Label Here
--	--------------------

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
-------	---------------

Communication

Notify Provider of VS Parameters (Notify Provider if VS)
 RR Less Than 10, Patient becomes unresponsive

Medication Management (Notify Nurse and Pharmacy)
 Start date T;N
 If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.

IV Solutions

CAUTION
 Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.

DOSING NOTES:
 1. Initial doses are for opioid naive patients. Chronic pain patients may require higher doses.
 2. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment.
 3. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine.

morphine (morphine 30 mg/30 mL PCA)
 Dose (mg) = 1, Lock-out Interval (min) = 8, 4-hour Limit (mg) = 20, Start date/time T;N
 Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N
 Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N

HYDROMORPHONE (HYDROMORPHONE 6 mg/30 mL PCA)
 Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N
 Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N
 Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N

fentaNYL (fentaNYL 300 mcg/30 mL PCA)
 Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N
 Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N
 Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N

If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA

NS (Normal Saline)
 1,000 mL final vol, IV, 20 mL/hr

Medications

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

ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION
 If respiratory rate is less than 10 breaths/min or patient is unresponsive

- Stop PCA Pump
- Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min.
- Notify Physician

naloxone
 0.1 mg, IVPush, inj, q2min, PRN bradypnea
 May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL).
 Continued on next page....

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

PCA MED PLAN

Patient Label Here

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

Respiratory

Continuous Pulse Oximetry

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System LABOR AND DELIVERY DISCOMFORT MED PLAN	Patient Label Here
---	---------------------------

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
	HYDRomorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)
Antiemetics	
	promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered*****
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
Gastrointestinal Agents	
	docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation *****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema if ordered*****
	sodium biphosphate-sodium phosphate (Fleet Enema) <input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation
	loperamide <input type="checkbox"/> 4 mg, PO, cap, ONE TIME, PRN diarrhea Initial dose after first loose stool <input type="checkbox"/> 4 mg, PO, liq, ONE TIME, PRN diarrhea Initial dose after first loose stool
	loperamide <input type="checkbox"/> 2 mg, PO, cap, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day <input type="checkbox"/> 2 mg, PO, liq, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Sedatives	
	ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety *****IF ALPRAZolam is ineffective/contraindicated or patient is NPO, USE LORazepam if ordered*****

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



