OB/GYN GENERAL POST-OP PLAN

Patient Label Here

	PHYSICIAN ORDERS			
Diagnos	Diagnosis			
Weight	Allergies _			
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific or	der 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 Bathroom Privileges	☐ Bedrest ☐ Bedrest Up to Bedside	Commode Only	
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h		
	Urinary Catheter Care			
	Discontinue Urinary Catheter			
	Insert Straight Cath ☐ q6h PRN if unable to void. Reinsert Foley cath if straight cath requ ☐ q6h PRN if unable to void.	uired more than 2 times.		
	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 Greater Than 110, DBP Less Than 50, HR Greater Than 120, HR	2, SpO2 Less Than 92, SBP Gr Less Than 60	eater Than 160, SBP Less Than 90, DBP	
	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 Ice Chips	☐ NPO, Except Meds ☐ NPO, Except Meds, Exc	cept Ice Chips	
	Oral Diet ☐ Clear Liquid Diet ☐ Regular Diet ☐ Clear Liquid Diet, Advance as tolerated to 1800 Calorie OB/GYN A		nce as tolerated to Regular	
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Toba	n by Signature:	Date	Time	
	n by Signature:	Date	Time	

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OB/GYN GENERAL POST-OP 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		
	ADA Diet 1800 Calories, OB/GYN, Snack 10am, 2pm, 8pm 2200 Calories, OB/GYN, Snack 10am, 2pm, 8pm	2000 Calories, OB/GYN, Snack 10am, 2pm, 8pm	
	IV Solutions		
	LR	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	Laboratory		
	CBC Next Day in AM, T+1;0300, Every AM for 3 days Routine, T;N	☐ Next Day in AM, T+1;0300, Every AM for 1 days	
	CBC with Differential Next Day in AM, T+1;0300, Every AM for 1 days	☐ Routine, T;N	
	Basic Metabolic Panel Next Day in AM, T+1;0300, Every AM for 3 days Routine, T;N	☐ Next Day in AM, T+1;0300, Every AM for 1 days	
	Respiratory		
	Respiratory Care Plan Guidelines		
	Continuous Pulse Oximetry		
	Oxygen Therapy IS Instruct		
	IS Instructions: q1h for 24hrs while awake.	☐ IS Instructions: q1h for 48hrs while awake.	
	Additional Orders		
□ то	☐ Read Back	Scanned Powerchart Scanned PharmScan	
Order Taken by Signature: Date Time		Date Time	
Physician Signature:		Date Time	

VTE PROPHYLAXIS PLAN

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	ORDER DETAILS	, , , , , ,	
	Patient Care		
	VTE Guidelines ☐ See Reference Text for Guidelines		
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindica cated	tions for VTE below and complete reason contraindi	
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	☐ Treatment not indicated ☐ Other anticoagulant ordered ☐ Intolerance to all VTE chemoprophylaxis	
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Knee High Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Left Lower Extremity (LLE), Length: Knee High Apply to: Bilateral Lower Extremities, Length: Thigh High Apply to: Right Lower Extremity (RLE), Length: Thigh High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremity (LLE)	
	Apply Pedal Pump Apply to Bilateral Feet Apply to Right Foot	Apply to Left Foot	
	Medications Medication sentences are per dose. You will need to calculate a tot		
	Recommended Trauma Dose = 40 mg, subcut, q12h ***Recommended Dose for Morbidly Obese Patients = 40 mg, subcut, q enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis, Pharmacy to Adjust Dose 30 mg, subcut, syringe, q12h, Prophylaxis, Pharmacy to Adjust Dose 30 mg, subcut, syringe, q24h, Prophylaxis, Pharmacy to Adjust Dose 40 mg, subcut, syringe, q12h, Prophylaxis, for BMI greater than 39, P	per Renal Function per Renal Function per Renal Function per Renal Function	
	heparin ☐ 5,000 units, subcut, inj, q12h	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 ☐ 2.5 mg, subcut, syringe, q24h		
	rivaroxaban ☐ 10 mg, PO, tab, In PM		
	warfarin 5 mg, PO, tab, In PM		
	aspirin 81 mg, PO, tab chew, Daily	325 mg, PO, tab, Daily	
	Laboratory		
□ то	☐ Read Back	Scanned Powerchart Scanned PharmScan	
Order Take	n by Signature:	Date Time	
Physician S	Signature:	DateTime	

VTF PROPHYLAXIS PLAN

Patient Label Here

VI	LI NOI III LAXIO I LAIN		
		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	ORDER DETAILS		
	Anti Xa Level is to be drawn after three consecutive doses of enoxaparin		
	Anti Xa Level		
□ то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time

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PCA MED PLAN

Patient Label Here

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D 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 un	responsive, stop PCA pump.	
	IV Solutions		
	CAUTION Ordering a continuous rate (Basal Dose), should be reserved for opioid to	olerant patients who require hiç	gh dose therapy.
	DOSING NOTES: 1. Initial doses are for opioid naive patients. Chronic pain patients may re 2. Decrease initial starting dose by 25-30% in patients greater than 65 ye hepatic, or pulmonary impairment. 3. Hydromorphone and fentanyl are recommended for patients with rena morphine.	ears of age, and/or patients with	
	morphine (morphine 30 mg/30 mL PCA) Dose (mg) = 1, Lock-out Interval (min) = 8, 4-hour Limit (mg) = 20, St. Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, St. Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, St.	tart 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, 5 ☐ Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, 5 ☐ Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, 5	Start date/time T;N	
	fentaNYL (fentaNYL 300 mcg/30 mL PCA) ☐ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 1 ☐ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 1 ☐ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 2	50, Start date/time T;N	
	If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vei	n 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 tot ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION If respiratory rate is less than 10 breaths/min or patient is unresponsive 1. Stop PCA Pump 2. Administer naloxone (Narcan) as ordered until respiratory rate is great 3. 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 to (0.1 mg = 2.5 mL). Continued on next page	tal volume of 10 mL to achieve	a 0.04 mg/mL concentration
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature: Date Time		Time	

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Patient Label Here

PC	CA MED PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order de	etail box(es) where applicable.
ORDER	ORDER DETAILS		
	Respiratory		
	Continuous Pulse Oximetry		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time

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		
	Patient Care		
	Perform Bladder Scan ☐ 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.		
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	benzocaine-menthol topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) 10 mL, PO, liq, q4h, PRN cough		
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
	Analgesics		
	acetaminophen 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 ineffective/contraindicated, USE ibuprofen if ordered:***** 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 ineffective/contraindicated, USE ibuprofen if ordered:***** 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 ineffective/contraindicated, USE ibuprofen if ordered:*****		
	ibuprofen ☐ 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.		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****IF HYDROcodone-acetaminophen ineffective/contraindicated or the patient is NPO, USE ketorolac if ordered**** 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****IF HYDROcodone-acetaminophen ineffective/contraindicated or the patient is NPO, USE ketorolac if ordered****		
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 48 hr ***May give IM if no IV access***		
	morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered***** 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered*****		
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan		
Order Take	by Signature: Date Time		
Physician S	ignature: Date Time		

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 ord	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)	0.4 mg, Slow IVPush, inj,	, q4h, PRN pain-severe (scale 8-10)
	Antiemetics		
	promethazine ☐ 25 mg, PO, tab, q4h, PRN nausea/vomiting ******IF promethazine is ineffective/contraindicated or patient is NP	O, USE ondansetron if ordered*	****
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea/vomiting		
	Gastrointestinal Agents		
	docusate 100 mg, PO, cap, Nightly, PRN constipation ******IF docusate is contraindicated or ineffective after 12 hours, US	SE bisacodyl if ordered****	
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation *****IF bisacodyl is contraindicated or ineffective after 6 hours, US	E Fleet Enema if ordered*****	
	sodium biphosphate-sodium phosphate (Fleet Enema) 1 ea, rectally, enema, Daily, PRN constipation		
	loperamide ☐ 4 mg, PO, cap, ONE TIME, PRN diarrhea Initial dose after first loose stool ☐ 4 mg, PO, liq, ONE TIME, PRN diarrhea Initial dose after first loose stool		
	loperamide 2 mg, PO, cap, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day 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-masuspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	agnesium hydroxide-simethico	one 200 mg-200 mg-20 mg/5 mL oral
	simethicone 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q	4h, PRN gas
	Sedatives		
	ALPRAZolam ☐ 0.25 mg, PO, tab, TID, PRN anxiety ******IF ALPRAZolam is ineffective/contraindicated or patient is NP	O, USE LORazepam if ordered*	****
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	ignature:	Date	Time

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ORDER	ORDER DETAILS		
	LORazepam ☐ 1 mg, IVPush, inj, q6h, PRN anxiety ☐ 0.5 mg, IVPush, inj, q6h, PRN anxiety		
	zolpidem 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective		
	Antihistamines		
	diphenhydrAMINE 25 mg, PO, cap, q4h, PRN itching ******IF diphenhydrAMINE PO is ineffective or patient is NPO, USE diphenhydrAMINE inj if ordered*****		
	diphenhydrAMINE ☐ 25 mg, IVPush, inj, q4h, PRN itching		
	Anti-pyretics		
	acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen is ineffective/contraindicated, USE ibuprofen if ordered**** 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen is ineffective/contraindicated, USE ibuprofen if ordered*****		
	ibuprofen □ 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. □ 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.		
	Anorectal Preparations		
	witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area ******IF witch hazel-glycerin ineffective/contraindicated, USE phenylephrine ointment if ordered*****		
	phenylephrine topical (phenylephrine 0.25%-3% rectal ointment) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area *******IF phenylephrine ointment ineffective/contraindicated, USE hydrocortisone-pramoxine foam if ordered******		
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Order Take	n by Signature: Date Time		
Physician S	ignature: Date Time		

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