A UMC Health System Performance Improvement Initiative for use in all units where surgical patients receive care in support of Surgical Care Improvement Program (SCIP).

* Denotes guideline requirement for Core Measures

Post-Op Diagnosis: _________________________________________________________________

1. Attending Physician:_____________________________________   Resident/Fellow: _________________________________

2. Consult:  
    [ ] OPS  [ ] In-Patient  

3. Admit:  
    [ ] OPS  [ ] In-Patient  

4. Code Status:  
    [ ] Full Code  [ ] DNR/DNI  [ ] Comfort Care  [ ] Other:  

5. Condition:  
    [ ] Stable  [ ] Fair  [ ] Serious  [ ] Critical  

6. Allergies:  
    [ ] NKDA  Allergic to:  

7. Co-morbidities:  

8. NURSING:  
    [ ] Vital Signs  [ ] Routine post op VS  [ ] Per ICU Standards of Practice  Notify MD for:  
    [ ] Weight Daily  [ ] Intake and output:  [ ] Hourly  [ ] Every Shift  [ ] Other:  

Foley Care:  
    [ ] Daily  [ ] Urinary catheter/ suprapubic drain to gravity drainage  [ ] Notify MD for urine output < 30 mL/hr  
    * Dc Foley at_________  
    [ ] POD #1  [ ] POD #2  
    [ ] Notify MD for urine output < 30 mL/hr

NG Care:  
    [ ] NG to low intermittent suction; irrigate every 2 hours w 20 mL Normal Saline  

Diet:  
    [ ] NPO  [ ] NPO except meds  [ ] NPO except ice chips  [ ] Clear Liquids  [ ] Full Liquids  
    [ ] Mechanical Soft  [ ] Regular  [ ] Advance as tolerated  
    [ ] Other  

Activity:  
    [ ] Turn, Cough, and Deep Breathe every ________ hours for ________ hours  
    [ ] Bedrest  
    [ ] Bathroom privileges  
    [ ] Sit at side of bed  
    [ ] Other:  

Treatments:  
    Incision Care:  
    [ ] Notify House Officer if excessive drainage or bleeding  [ ] Per physician  
    [ ] Other:  

9. LABORATORY/DIAGNOSTICS:  
    [ ] CBC  [ ] w Differential  [ ] H&H  [ ] Basic metabolic profile  [ ] Complete metabolic profile  
    [ ] Other 

Order taken by Signature: __________________________________________   Date/Time: ____________________________

Physician Signature ____________________________   Date/Time ____________________________
10. **IV:** [ ] Start IV  [ ] Continuous IV fluids____________________________ to run at________________________ml/hr

11. **MEDICATIONS:** See Admission Medication Reconciliation Form & Discomfort order

   * (Required if home medication) Beta Blocker: ______________________ mg PO ________________
   
   Unless contraindicated as listed here: ________________________________ (hold for SBP < 100 or HR < 50)

   * Prophylactic Antibiotic Therapy: *DC 24 hours post-operatively.

      (Select One of the following)

   - [ ] Cefazolin    [ ] Cefuroxime __________________________ IV __________________________ (dc 24 hours post op)

   * β-lactam allergy: (Select one of the following)

      - [ ] Clindamycin   [ ] Vancomycin __________________________ IV __________________________ (dc 24 hours post op)

   [ ] Vancomycin Requires Justification for use: ________________________________

   Therapeutic Antibiotic – Antibiotic coverage ordered for greater than 24 hours post op, requires documentation of indication.

      - [ ] Therapeutic Antibiotic: ________________________________

   Reason antibiotic was continued or added greater than 24 hours post-operatively (48 hours for Coronary Artery Bypass Graft [CABG]): Must be documented by physician/advance practice nurse/physician assistant within 2 days (3 days for CABG or other cardiac surgery) following the principle procedure with the day of surgery being Day Zero.

   | Abscess       | Necrosis          |
   | Acute abdomen | Necrotic/ischemic/infarcted bowel |
   | Aspiration pneumonia | Osteomyelitis |
   | Bloodstream infection | Other documented infection |
   | Bone infection   | Penetrating abdominal trauma |
   | Cellulitis         | Perforation of bowel |
   | Endometritis      | Pneumonia or other lung infection |
   | Fecal Contamination | Purulence/pus |
   | Free air in abdomen | Sepsis |
   | Gangrene          | Surgical site or wound infection |
   | H. pylori          | Urinary tract infection (UTI) |

12. **RESPIRATORY THERAPY:**

    - [ ] Respiratory Care Plan

      - [ ] SaO2 Monitoring    [ ] Place pulse oximeter on arrival    [ ] O2 @ ___ liters per __________________________

      - [ ] Vent Settings: _____ Settings _____ FIO2 _________ Rate _________ TV _______ Peep

      - [ ] ABG    [ ] NOW    [ ] Every AM    [ ] Every 8 hours   [ ] 1 hour after Vent changes

      - [ ] Vent Settings: See Ventilator Care and Weaning – Post Op Open Heart Orders

      - [ ] SaO2 Monitoring     [ ] O2 @ ___ liters per __________________________

      - [ ] Call surgeon for SaO2 less than 90%

      - [ ] Wean O2 via nasal cannula 1-5 L/min to keep SaO2 greater than or equal to 90%

      - [ ] Incentive Spirometry 10 times every 1 hour while awake

    - [ ] TO    [ ] Read back

Order taken by Signature: __________________________________________  Date/Time: __________________________

Physician Signature________________________________________  Date/Time: __________________________
13. **PROPHYLAXIS:**

✔ VTE Prophylaxis:

- *Start within 12 hrs. Post-operatively or _________ hrs post-operatively.

- *Start within 24 hrs. Post-operatively or _________ hrs post-operatively.

Select one of the following or combination of pharmacologic & mechanical prophylaxis:

- Heparin 5000 units SQ  ❑ BID  ❑ every 8 hours
- Warfarin (Coumadin) _______ mg PO _______
- Enoxaparin (Lovenox): ❑ 40 mg SQ daily  ❑ 30 mg SQ daily  (CrCl < 30ml/min)
- SCDs (Sequential Compression Device)  ❑ Plexi pulse (foot pumps)
- TED Hose (thigh high)

**Reason for not administering venous thromboembolism prophylaxis:**

*Must be documented by physician / advance practice nurse / physician assistant within 24 hours of Anesthesia end time.*

<table>
<thead>
<tr>
<th>Bleeding risk</th>
<th>Gastrointestinal bleed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhage</td>
<td>Patient refusal</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>Excessive bleeding</td>
</tr>
<tr>
<td>Active bleeding (gastrointestinal bleeding, cerebral hemorrhage, retroperitoneal bleeding)</td>
<td></td>
</tr>
<tr>
<td>Patients on continuous IV Heparin therapy within 24 hours before or after surgery</td>
<td></td>
</tr>
<tr>
<td>Hypersensitivity to heparin or LMWH</td>
<td></td>
</tr>
<tr>
<td>Spinal tap or epidural anesthesia within 24 hrs</td>
<td></td>
</tr>
</tbody>
</table>

TO  ❑ Read back

Order taken by Signature: ________________________________ Date/Time: ________________________________

Physician Signature ________________________________ Date/Time ________________________________
A UMC Health System Performance Improvement Initiative for use in all units where surgical patients receive care in support of Surgical Care Improvement Program (SCIP).

* Denotes guideline requirement for Core Measures

Procedure Date: __________________ Procedure: __________________

Admitting Diagnosis: ____________________________________________________________

Attending Physician: ___________________ Resident/Fellow: __________________

FOLEY CATHETER

* DC Foley at ___________________ OR *Do Not DC Foley: Physician/PA/NP must document the reason to maintain Foley as indicated below:

Please continue indwelling urinary catheter because patient requires indwelling catheterization for the following reasons (check all that apply):

- Acute urinary retention or obstruction
- Patient requires prolonged immobilization
- Strict I & O monitoring
- Urological/gynecological/perineal procedure performed
- Assist in healing of open sacral or perineal wounds in incontinent patients
- Other:

MEDICATIONS:

* (Required if home medication)

Beta Blocker: _________________________ mg PO __________________

Unless contraindicated as listed below: (Select all that apply)

- Bradycardia (heart rate less than 50 bpm)
- Hypotension (systolic < 100 mm/Hg)
- Concurrent use of intravenous inotropic medications during the perioperative period
- Other: ____________________________

☐ TO  ☐ Read back
Order taken by Signature: ___________________ Date/Time: __________________

Physician Signature ___________________ Date/Time ___________________
A UMC Health System Performance Improvement Initiative for use in all units where surgical patients receive care in support of Surgical Care Improvement Program (SCIP).

* Denotes guideline requirement for Core Measures

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Procedure Date: __________________ Procedure: __________________

Admitting Diagnosis: _____________________________________________________________

Attending Physician: ___________________ Resident/Fellow: ___________________

**FOLEY CATHETER**

* DC Foley at ___________________ OR *Do Not DC Foley: Physician/PA/NP must document the reason to maintain Foley as indicated below:

Please continue indwelling urinary catheter because patient requires indwelling catheterization for the following reasons (check all that apply):

- Acute urinary retention or obstruction
- Comfort care for the end of life
- Patient requires prolonged immobilization
- Chronic catheterization
- Strict I & O monitoring
- Critically ill or unstable
- Urological/gynecological/perineal procedure performed
- Assist in healing of open sacral or perineal wounds in incontinent patients
- Other:

**MEDICATIONS:**

* (Required if home medication)

**Beta Blocker:** ___________________ mg PO __________________

Unless contraindicated as listed below: (Select all that apply)

- Bradycardia (heart rate less than 50 bpm)
- Hypotension (systolic < 100 mm/Hg)
- Concurrent use of intravenous inotropic medications during the perioperative period
- Other: ___________________
**INDICATIONS**

**PAIN MANAGEMENT:** *(TARGET MAXIMUM OF 3000 MG OF ACETAMINOPHEN PER 24 HOURS FROM ALL SOURCES) (DO NOT EXCEED 4000MG OF ACETAMINOPHEN PER 24 HOURS)*

<table>
<thead>
<tr>
<th>Pain Scale</th>
<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILD PAIN (Pain Scale 1-3):</td>
<td>Acetaminophen (Tylenol) 500–1000 mg</td>
<td>PO every 4 hours</td>
<td>PRN mild pain</td>
<td></td>
<td>if NPO use:</td>
</tr>
<tr>
<td></td>
<td>Acetaminophen (Tylenol) 650 mg</td>
<td>suppository</td>
<td>PR every 4 hours</td>
<td>PRN mild pain</td>
<td>Do not exceed 4,000 mg in 24 hours, if acetaminophen is ineffective/contraindicated use:</td>
</tr>
<tr>
<td></td>
<td>Ibuprofen (Motrin) 400 mg</td>
<td>PO</td>
<td>every 6 hours</td>
<td>PRN mild pain</td>
<td>Do not exceed 3,200 mg in 24 hours</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MODERATE PAIN (Pain Scale 4-7):**

<table>
<thead>
<tr>
<th>Pain Scale</th>
<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hydrocodone/acetaminophen (Lortab) 5/500 mg</td>
<td>1–2 tabs</td>
<td>PO</td>
<td>every 4 hours</td>
<td>PRN moderate pain, if ineffective/contraindicated or NPO use:</td>
</tr>
<tr>
<td></td>
<td>Ketorolac (Toradol)</td>
<td>15–30 mg</td>
<td>IV</td>
<td>every 6 hours</td>
<td>PRN moderate pain x 48 hours (May give IM if no IV access)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEVERE PAIN (Pain Scale 8-10):**

<table>
<thead>
<tr>
<th>Pain Scale</th>
<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Morphine 2–4 mg</td>
<td>slow IV push</td>
<td>every 4 hours</td>
<td>PRN severe pain, if ineffective/contraindicated use:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hydromorphone (Dilaudid)</td>
<td>1 mg</td>
<td>slow</td>
<td>IV push</td>
<td>every 4 hours PRN severe pain</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAUSEA/VOMITING:**

| | Medication | Dosage | Route | Frequency | PRN Comments |
| | Promethazine (Phenergan) 25 mg | PO | every 4 hours | PRN nausea/vomiting, if ineffective/contraindicated or NPO use: |
| | Ondansetron (Zofran) | 4 mg | IV | every 8 hours | PRN nausea/vomiting |
| | Other | | | |

**BOWEL MANAGEMENT:**

| | Medication | Dosage | Route | Frequency | PRN Comments |
| | Docusate (Colace) 100 mg | PO | at bedtime | PRN for constipation, if contraindicated or ineffective after 12 hours use: |
| | Bisacodyl (Dulcolax) | 10 mg | suppository | PR daily | PRN constipation, if contraindicated or ineffective after 6 hours use: |
| | Sodium phosphate enema (Fleet enema) | PR | daily | PR daily | PRN constipation (Do not use in renal patients) |
| | Other | | | |

**INDIGESTION/GAS:**

| | Medication | Dosage | Route | Frequency | PRN Comments |
| | Aluminum hydroxide/magnesium hydroxide (Maalox) 30 ml | PO | every 4 hours | PRN indigestion |
| | Simethicone (Mylicon) | 80–160 mg | PO | every 4 hours | PRN gas/bloating |
| | Other | | | |

**DIARRHEA:**

| | Medication | Dosage | Route | Frequency | PRN Comments |
| | Loperamide (Imodium) | 4 mg | PO | initially then 2 mg | with each loose stool (Max 16 mg hours) |
| | Other | | | |

**TO  Read back**

Order taken by Signature: __________________________ Date/Time: __________________________

Physician Signature: __________________________ Date/Time: __________________________
Indicate desired medications by checking appropriate box. If more than one box is checked for an indication, then use the ordered medications in the descending order.

ANXIETY:
- ☐ Alprazolam (Xanax) 0.25 mg PO three times a day PRN anxiety, if ineffective/contraindicated or NPO use:
- ☐ Lorazepam (Ativan) 0.5 – 1 mg IV every 6 hours PRN anxiety
- ☐ Other

SLEEPLESSNESS:
- ☐ Zolpidem (Ambien) 5 mg PO at bedtime PRN sleeplessness, may repeat x 1 in one hour if ineffective
- ☐ Other

ALLERGIC REACTIONS:
- ☐ Diphenhydramine (Benadryl) 25 mg PO every 4 hours PRN itching, if ineffective or NPO use:
- ☐ Diphenhydramine (Benadryl) 25 mg IV every 4 hours PRN itching
- ☐ Other

COUGH / SORE THROAT:
- ☐ Phenol-menthol (Cepastat) 1 lozenge PO PRN sore throat (Do not exceed 6 lozenges in 24 hours)
- ☐ Guaifenesin/dextromethorphan (Robitussin DM) 10 ml PO every 4 hours PRN cough
- ☐ Other

TEMPERATURE:
- ☐ Acetaminophen (Tylenol) 500–1000 mg PO every 4 hours PRN fever (Do not exceed 4,000 mg in 24 hours), if ineffective/contraindicated use:
- ☐ Ibuprofen (Motrin) 200–400 mg PO every 4 hours PRN fever (Do not exceed 3,200 mg in 24 hours)
- ☐ Other

HEMORRHOIDS:
- ☐ Witch hazel/glycerin (Tucks) pads at bedside wipe affected area as PRN, if ineffective use:
- ☐ Mineral oil/petrolatum/phenylephrine (Preparation H) ointment apply to affected area every 6 hours PRN. If ineffective/contraindicated use:
- ☐ Pramoxine/hydrocortisone (Proctofoam HC) at bedside apply to affected area every 8 hours PRN

MUCOSITIS:
- ☐ Dexamethasone/diphenhydramine/nystatin/NS (Fred’s Brew) 15 ml swish and spit every 2 hours while awake PRN mucositis. If ineffective/contraindicated use:
- ☐ Viscous lidocaine (Xylocaine) 15 ml swish and spit every 4 hours PRN mucositis

BLADDER SCAN:
- ☐ Bladder scan as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hours post-Foley removal and patient has not voided. If bladder scan volume is >250 ml please notify the physician.

OTHER:

☐ TO ☐ Read back
Order taken by Signature: ________________________________ Date/Time: ________________________________
Physician Signature ________________________________ Date/Time ________________________________

Patient Label Here

Page 7 of 7- Surgery (General) Immediate Post-op Plan (Plus Day 1-2) 05/23/2012 (#1202)