**Doctor's Orders**

**Post-Op Orders - Lakeland Surgical Clinic**

**Pharmacy Mnemonic:** POLSURG1

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1. Admit to Dr. ___________________________  
   - [ ] Inpatient  
   - [ ] Outpatient  
   - [ ] Observation

2. Diagnosis: ____________________________

3. Vital signs q 4 hrs x 24 hrs, then routine.

4. Activity:  
   - [ ] Begin ambulation with assistance on post-op day 1.  
   - [ ] Out of bed to chair

5. CM: SCIP – Foley will be discontinued on Post-Op Day 1 unless MD or NP documents exception below:  
   DO NOT discontinue foley since patient meets one of the following EXCEPTIONS:  
   - [ ] Urinary tract obstruction – Patient unable to pass urine  
   - [ ] Neurogenic bladder dysfunction including urinary retention  
   - [ ] Urologic studies/procedures or surgery on contiguous structures  
   - [ ] ICU only – Patient is intubated  
   - [ ] ICU only – Patient requires strict I&O monitoring  
   - [ ] Stage III or IV sacral decubitus ulcer  
   - [ ] End of life/comfort care patient  
   - [ ] Other:

   **Nursing:**
   - [ ] Strict I and O. Record all drain output q 4 hrs.  
   - [ ] Foley catheter to gravity. Notify physician for urine output less than 60 mL over 2 hrs  
   - [ ] NG tube to low continuous wall suction, flush with Normal Saline 30 mL q 8 hrs.  
   - [ ] JP drain to closed suction drainage, empty and record amount q 4 hrs.  
   - [ ] Remove dressing in a.m., clean with alcohol, paint with Betadine swab and redress.  
   - [ ] Remove dressing in a.m., may shower or bathe after dressing removed.  
   - [ ] Insetive spirometer q 1 hr while awake  
   - [ ] Telemetry  
   - [ ] Poet Monitoring  
   - [ ] EZ PAP q 4 hr and pm  
   - [ ] O2 Sat monitoring  
   - [ ] Keep O2 sat >=93% with humid oxygen  
   - [ ] Capillary glucose q AC and q HS q 6 hrs  
   - [ ] Initiate Gylcemic Control Orders

6. Notify physician for:  
   - [ ] Temp > 101º F  
   - [ ] Any acute changes.  
   - [ ] Respirations > 25 or < 10.  
   - [ ] Systolic blood pressure < 70 or > 170.  
   - [ ] Diastolic blood pressure < 50 or > 105.  
   - [ ] Heart rate < 55 or > 120.  

7. CM: SCIP - Surgical Care Improvement Project (Nursing Order – Do Not Delete)

8. Diet:  
   - [ ] NPO _____ may have ice chips  
   - [ ] Clear Liquids  
   - [ ] Full  
   - [ ] Regular  
   - [ ] General Healthful  
   - [ ] Other:

9. Lab:  
   - [ ] CBC w/diff now  
   - [ ] BMP now ___________ at ___________ (call results).

   **Other labs:**

10. IVF:  
    - [ ] Dextrose 5% and 0.45% Sodium Chloride at __________ mL per hr. Add __________ mEq KCl  
    - [ ] Dextrose 5% in water  
    - [ ] 0.9% Sodium Chloride at __________ mL per hr. Add __________ mEq KCl  
    - [ ] 0.45% Sodium Chloride at __________ mL per hr. Add __________ mEq KCl  
    - [ ] Lactated Ringers at __________ mL per hr. Add __________ mEq KCl  
    - [ ] Other: __________ at __________ mL per hr. Add __________ mEq KCl

11. Radiology:  

**DOCTOR’S ORDERS**

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**BOTTOM EDGE OF PATIENT LABEL**

REV 12/15; SD40-3
### Post-Op Orders - Lakeland Surgical Clinic

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13. Courtesy Consult to physician:
14. Consult physician:

**ANESTHESIA END TIME:**

**Medication:** *Administer medication utilizing range order guideline.*

Antibiotics should not be administered more than 24 hrs after the documented Anesthesia End Time unless specifically and additionally ordered by a physician. Suspected infection should be clearly documented.

- [ ] Ancef (cefaizolin) 2 grams IVPB q 8 hrs x 2 doses. (If patient weighs > 120kg give 3 grams)
- [ ] Cleocin (clindamycin) IVPB [ ] 300mg [ ] 600mg [ ] 900mg q 6 hrs x 3 doses
- [ ] Invanz (ertapenem) 1 gram IVPB daily x 1 dose
- [ ] Zosyn (piperacillin-tazobactom) 3.375 gram IVPB q 6 hrs x 3 doses
- [ ] Flagyl (metronidazole) 500mg IVPB q 6 hrs x 3 doses
- [ ] Levaquin (levofloxacin) 500mg IVPB q daily x 1 dose
- [ ] Other: _______ _______q _______ hrs x _______ doses (*limit to < 24hrs duration*)
- [ ] Vancomycin 15mg/kg IVPB q 12 hrs x 1 dose

**Select reason for use of Vancomycin below**

- [ ] Significant penicillin allergy or allergy to cephalosporins
- [ ] Known prior colonization with MRSA
- [ ] High-risk due to inpatient hospitalization within the last year
- [ ] Patient has chronic wound care or on dialysis
- [ ] Increased MRSA rate either facility-wide or procedure-specific
- [ ] Hospital inpatient for >24 hrs prior to procedure
- [ ] High-risk due to residence in long-term care setting within the last year

15. VTE Prophylaxis: *Any of the following - (Mechanical at minimum)*

#### Pharmacologic: Begin 18 hrs post surgery/procedure stop time.

- [ ] Lovenox (enoxaparin) 40 mg subcutaneous daily (Hold if platelet count <100,000) Pharmacy to renally adjust
- [ ] Arixtra (fondaparinux) 2.5 mg subcutaneous q 24 hrs (Hold if platelet count <100,000)

**Pharmacologic prophylaxis may be combined with the following:**

**Mechanical:**

- [ ] SCD
- [ ] Plus TED hose

Begin immediately post-procedure.

**If no pharmacologic prophylaxis is ordered select the reason:**

- [ ] Antiocoagulation allergy
- [ ] Treatment not tolerated
- [ ] Heparin-induced thrombocytopenia
- [ ] Blood coagulation disorder due to liver disease
- [ ] Blood coagulation disorder
- [ ] Platelet count below reference range
- [ ] Hemorrhagic cerebral infarction
- [ ] Renal Impairment
- [ ] Anterior cerebral circulation hemorrhagic infarction
- [ ] Medication refused
- [ ] Posterior cerebral circulation hemorrhagic infarction
- [ ] Patient non-compliant - refused intervention/support
- [ ] Bleeding
- [ ] Refusal of treatment by patient
- [ ] Anticoagulation not tolerated

16. Pain: [ ] PCA - See PCA orders

**A. Scheduled Meds:**

- [ ] Toradol (ketorolac) 30 mg IV q 6 hrs x 5 days maximum (*for patients > 50 kg*).
- [ ] Toradol (ketorolac) 15 mg IV q 6 hrs x 5 days maximum (*for patients < 50 kg*).
  
  (15 mg is the recommended dose for patients > or = 65 yrs).
- [ ] Ofirmev (acetaminophen) 1 gram IVPB q 6 hrs x 3 doses. Next dose at _____ Pt must be > or =50kg.
### DOCTOR'S ORDERS

**ST. DOMINIC-JACKSON MEMORIAL HOSPITAL**  
**JACKSON, MISSISSIPPI**

**Pharmacy Mnemonic: POLSURG3**

#### B. PRN Meds (Post PCA):

For the sections of mild, moderate and severe pain – If more than one choice is selected in any of the sections, please write a numeric value (1,2,3 etc..) in front of the meds to indicate which med should be administered initially, and which should be administered in the event the first is ineffective.

**Severe Pain** (6 - 10 on the numeric pain intensity scale): If patient becomes obtunded and respiratory rate is ≤ 10, administer Narcan (naloxone) 0.4 mg IV STAT and notify physician immediately (unless patient is considered terminal, comfort care only, or hospice).

- Morphine [ ] 2 mg  [ ] 3 mg  [ ] 4 mg IV [ ] q 3 hrs [ ] q 4 hrs [ ] q 6 hrs PRN severe pain (6 - 10 on the numeric pain intensity scale).
- Dilaudid (hydromorphone HCl) [ ] 0.5 mg  [ ] 1 mg  [ ] 1.5 mg IV [ ] q 3 hrs [ ] q 4 hrs [ ] q 6 hrs PRN severe pain (6 - 10 on the numeric pain intensity scale).

**Moderate Pain** (3.1 – 5.9 on the numeric pain intensity scale): 

- Norco (hydrocodone/acetaminophen): [ ] 5/325 [ ] 7.5/325 [ ] 10/325 1 tab or [ ] 2 tabs PO q 6 hrs PRN moderate pain.

**Mild Pain** (0.1 – 3 on the numeric pain intensity scale):

- Tylenol (acetaminophen): [ ] 325 mg two tabs PO q 6 hrs PRN temp greater than 101 or mild pain.

**Nausea:** If both are selected, administer Phenergan initially, if Phenergan is ineffective, administer Zofran instead.

- Phenergan (promethazine) 12.5 mg IV q 4 hrs PRN nausea.
- Zofran (ondansetron) 4 mg IV q 6 hrs PRN nausea.

**CM: SCIP - Surgical Care Improvement Project – If Patient is on Beta Blocker prior to arrival,** then administer:

- Lopressor (metoprolol) 2.5 mg IV q 6 hrs. Hold for SBP < 100 or HR < 50
- Lopressor (metoprolol) 5 mg IV q 6 hrs. Hold for SBP < 100 or HR < 50

Consult Pharmacy for IV to PO beta blocker conversion

**Sleep:** **Select only one**

- Restoril (temazepam) 15 mg PO q HS PRN sleep
- Ambien (zolpidem) 5 mg PO q HS PRN sleep.

**Constipation:**

- Senokot-S two tabs PO q HS (hold for diarrhea)
- Dulcolax (bisacodyl) 10mg suppository PR QD PRN constipation

**Other:**

- Claraseptic Spray q 2 hrs PRN sore throat.

**Follow up appointment in:**

**Consults:**

- Consult GI
- Consult Cardiology
- Consult Pulmonology
- Consult OT
- Consult PT
- Consult Social Worker:

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**Date & Time**  
**Physician Signature**

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**BOTTOM EDGE OF PATIENT LABEL**  
**REV 12/15; SD40-3**