



PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

: DrORDERED		PREOP ORDERS – CHOLECYSTECTOMY: Dr. Thomas Vinson, MD	TIME ORDER NOTED
Date	Time		
		Check Appropriate Boxes:	
		Primary Diagnosis:	
		Admit for: <input type="checkbox"/> Inpatient Surgery <input type="checkbox"/> Outpatient Surgery	
		Operative Permit for: "Laparoscopic Cholecystectomy, Open Cholecystectomy if complications or technical difficulties arise, exploration of common bile duct if indicated"	
		Diet: NPO	
		<input type="checkbox"/> CBC, <input type="checkbox"/> BMP, <input type="checkbox"/> PT, <input type="checkbox"/> PTT, <input type="checkbox"/> UA, <input type="checkbox"/> amylase	
		<input type="checkbox"/> CMP, <input type="checkbox"/> EKG, <input type="checkbox"/> Chest X-Ray	
		Bisacodyl (Dulcolax) suppositories rectally x 2 on arrival to Outpatient Surgery Dept. on call to OR _____ (IV or IM)	
		<input type="checkbox"/> INT <input type="checkbox"/> IV:	
		Identify Home Meds:	
		<input type="checkbox"/> Beta Blocker: complete with dose/frequency/route (If patient takes as a home med , give dose within 24 hours prior to incision)	
		<input type="checkbox"/> Metoprolol (Lopressor/Toprol)	
		<input type="checkbox"/> Carvedilol (Coreg)	
		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Beta Blocker not ordered because (circle): allergy / bradycardia / Heart failure / Second or third degree heart block / shock / Other:	
		Physician Signature: _____ Date: _____ Time: _____	
POSTOP ORDERS			
		Routine Recovery Room Vital Signs & D/C Foley in Recovery Room	
		Vital Signs every 4 Hours	
		Walk in Hall Around Block every 2 hours till 10:00 P.M. then every 4 hours	
		Cough And Deep Breathe every 4 hours	
		IV:	
		Diet <input type="checkbox"/> Clear Liquid <input type="checkbox"/> DAT	
		Morphine Sulfate 10 mg IM every 4 Hours or PCA PRN for pain	
		Hydrocodone 7.5 mg/acetaminophen 500 mg (Lortab-7.5) PO every 4 hours PRN for pain.	
		Promethazine (Phenergan) 50 Mg IM every 8 hours PRN for Nausea/Vomiting	
		Bisacodyl (Dulcolax) suppositories rectally X 2 every 12 hours	
		Temazepam (Restoril) 15 mg at bedtime PRN for sleep, May repeat if necessary	
		When Patient Is Discharged, Give Patient Instruction Sheet	
		Medications:	
		Follow Up Appt:	
		Physician Signature: _____ Date: _____ Time: _____	

▼ Patient Label ▼



LAPAROSCOPIC CHOLECYSTECTOMY / CHOLECYSTECTOMY ORDERS