



**GENERAL SURGERY POST OP ORDERS**

Check appropriate boxes:

Admit to \_\_\_\_\_ floor to Dr. \_\_\_\_\_

- Inpatient       Observation       Telemetry

Diagnosis: \_\_\_\_\_

Consult Dr. \_\_\_\_\_ Reason: \_\_\_\_\_

- I have called Dr. \_\_\_\_\_, add to his/her list.

Diet:  NPO     Regular     Other: \_\_\_\_\_

**NURSING ORDERS:**

Activity:  Up ad lib     Up with assistance     Bedrest     Up in chair with meals

Ambulate \_\_\_\_\_ times daily     Other: \_\_\_\_\_

Vital Signs:  Routine postop (every 15 min X 4, then every hour X4, then every 4 hours)

every 4 hours     Other: \_\_\_\_\_

Daily Weights (no bed scale if able to stand)

Intake and Output     Strict I&O

Notify for new onset of temp > 100.6 degrees

Turn, Cough, and Deep Breath every two hours X 24 hours

Incentive Spirometry every hour while awake X 24 hours

If no void X 8 hours or patient complaint of discomfort, perform bladder scan. If > 400 cc, may straight cath. May straight cath for urinary retention X. 2. If urinary retention persists, notify physician

D/C foley at 7am on POD #  1     2 If not D/C within 48 hours, why? \_\_\_\_\_

Dressing changes: \_\_\_\_\_

NG tube: to low intermittent suction, Irrigate q 4 hours with 20 ml's tapwater, record output q 8 hours

Gastrostomy tube: to gravity drainage; record output

Chest tube: to 20 cm water suction; record output

Other drains: \_\_\_\_\_

**LABS/RADIOLOGY/OTHER TEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_



GOLDEN TRIANGLE

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**MEDICATIONS:**

IV \_\_\_\_\_ @ \_\_\_\_\_ ml/hr.  INT



**PCA Pain Management**

- Morphine (preferred) 1mg/ml: patient administered dose \_\_\_\_\_ mg/ml (range 1-5mg) every \_\_\_\_\_ min (range 6-10); 4 hour limit \_\_\_\_\_ mg (max 100mg).
- Meperidine 10 mg/ml: patient administered dose \_\_\_\_\_ mg (range 10-20 mg) every \_\_\_\_\_ min (range 6-10); 4 hour limit \_\_\_\_\_ mg (max 300 mg).
- Hydromorphone 1mg/ml: patient administered dose \_\_\_\_\_ mg/ml (range 0.1mg – 2 mg) every \_\_\_\_\_ min (range 6-10); 4 hour limit \_\_\_\_\_ mg

Upon starting PCA therapy, monitor pain scale, respiratory rate, and sedation level every 30 minutes X 4, then every 1 hour X 4, then every 4 hours and record in the Pain section on the Patient Care Flowsheet.

**Continue home maintenance beta-blocker therapy:**

**Drug/Dose:** \_\_\_\_\_

- For NPO patients: metoprolol 5 mg IV q 4 hours prn HR > 60 (hold for SBP < 100)
- Not ordered due to low SBP

**POST OP MEDICATIONS:(Antibiotics to end within 24 hours of pre-op dose.)**

**If post-op antibiotics continued past 24 hours from incision, please document**

**Type of post-op infection suspected:** \_\_\_\_\_

**PostOP Medications By Procedure:**

**COLON:**

Alvimopan 12 mg (Entereg) po twice daily beginning the day after surgery for a maximum of 7 days or until patient has bowel movement. Notify pharmacy if patient has bowel movement. Patient not to receive more than 15 doses total (pre and post op).

**(choose one)**

- For patient < 80 kg:** Cefazolin (Ancef) 1 gram IV q 8 hours X 2 doses and Metronidazole 500 mg IV q 6 hrs x 3 doses
- For patient > 80 kg:** Cefazolin (Ancef) 2 gram IV q 8 hours x 2 doses and Metronidazole 500 mg IV q 6 hrs x 3 doses
- Cefoxitin (Mefoxin) 2 gm IV q 6 hours x 3 doses
- Ampicillin/sulbactam(Unasyn) 3 gm IV q 6 hours x 3 doses
- Ertapenem (Invanz) 1 gram IV x 1 dose in AM at 0600

**Beta Lactam Allergy (Choose one):**

- Metronidazole 500 mg IV every 6 hours X 3 doses and Levofloxacin 750 mg IV in A.M. X 1 dose
- Clindamycin 600 mg IV every 8 hours x 2 doses and Gentamicin 1.5 mg/kg IV, pharmacy to dose X 24 hours

**ESOPHAGEAL, GASTRODUODENAL (Recommended for high risk as defined by esophageal obstruction, morbid obesity, reduce motility secondary to obstruction, gastric ulcer, malignancy or decreased acidity secondary to PPI) \*\*See Biliary Tract options**

**\*\* BILIARY TRACT (Recommended for age >70 years, acute cholecystitis, non-functioning gallbladder, obstructive jaundice or common duct stones)**

- Choose one:**
- For patient < 80 kg:** Cefazolin (Ancef) 1 gram IV q 8 hours x 2 doses
  - For patient > 80 kg:** Cefazolin (Ancef) 2 gram IV q 8 hours x 2 doses
  - Other: \_\_\_\_\_

**Beta-lactam (PCN or cephalosporin) allergy:** Clindamycin 600 mg IV q 8 hours x 2 doses + (Choose one)

- Levofloxacin 500 mg IV x 1 dose in AM
- Gentamicin 1.5 mg/kg IV;pharmacy to dose X 24 hours

Physician Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_



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**NON-CARDIAC THORACIC, VASCULAR (to include dialysis access), INGUINAL HERNIA WITH MESH**

- For patient < 80 kg:** Cefazolin (Ancef) 1 gram IV q 8 hours x 2 doses
- For patient > 80 kg:** Cefazolin (Ancef) 2 grams IV q 8 hours x 2 doses
- Vancomycin (please choose reason) \_\_\_\_\_ (15 mg / kg) IV q 12 hours x 1 dose
  - MRSA colonization or infection
  - High risk due to inpatient hospitalization within last year or transferred from another inpatient hospitalization after a 3 day stay
  - Continuous inpatient stay for more than 24 hours prior to principal procedure
  - Documentation of increased MRSA rate either facility wide or operation-specific
  - High risk due to nursing home or extended care facility setting within the last year, prior to admission
  - Documentation of chronic wound care of dialysis
  - Other documented reasons: \_\_\_\_\_
- Beta-lactam (PCN or cephalosporin) allergy:
  - Clindamycin 600 mg IV q 8 hours x 2 doses
  - Vancomycin \_\_\_\_\_ (15 mg/kg) IV q 12 hours x 1 dose

**OTHER SURGICAL PROCEDURES:** \_\_\_\_\_

**Diagnoses present or not present on admission**

Secondary diagnosis/problems (this information can affect the patient's severity level)			Indicate whether the condition was present on the patient's arrival at the hospital
1. <b>Pressure Ulcer</b>	<b>Yes</b>	<b>No</b>	<b>If yes, document site(s):</b> _____ _____ _____
2. <b>Foley catheter related UTI</b>	<b>Yes</b>	<b>No</b>	
3. <b>Central Venous catheter associated infection</b>	<b>Yes</b>	<b>No</b>	
4. <b>Poor glycemic control</b>	<b>Yes</b>	<b>No</b>	
a. <b>uncontrolled on admission</b>			
b. <b>admitted with DKA, coma or hyperosmolarity</b>	<b>Yes</b>	<b>No</b>	

Other Orders \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



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**PRN MEDICATION ORDERS:  
(Choose one for each condition)**



- Nausea:  Promethazine (Phenergan) 12.5 mg IV every 6 hours as needed.  
 Promethazine (Phenergan) 25 mg IV every 6 hours as needed.  
 Ondansetron (Zofran) 4 mg IV every 4 hours as needed.  
 Ondansetron (Zofran) 8 mg IV every 8 hours as needed.
- Fever:  Acetaminophen (Tylenol) 650 mg po every 4 hours as needed for Temp. >101  
 Acetaminophen (Tylenol) 650 mg suppository rectally every 4 hours as needed for Temp. >101  
 Other:
- Cough:  Benzonatate (Tessalon Pearles) 100 mg PO q 6 hours as needed  
 Guaifenesin (Robitussin) 400mg PO q 6 hours as needed
- Indigestion:  Magnesium and aluminum hydroxides with simethicone (Mylanta) 30 ml po as needed.  
 Famotidine (Pepcid) 40 mg po every day as needed  
 Other:
- Constipation:  Bisacodyl (Dulcolax) suppository rectally as needed.  
 Magnesium Hydroxide Suspension (Milk of Magnesia) 30 ml po as needed.  
 Sodium phosphate enema (Fleets Enema) as needed.  
 Other:
- Anxiety:  Alprazolam (Xanax) 0.25 mg po every 6 hours as needed.  
 Diazepam (Valium) \_\_\_\_\_ mg po every 6 hours as needed.  
 Lorazepam (Ativan) \_\_\_\_\_ mg po every 6 hours as needed.  
 Other:
- Sleep:  Zolpidem (Ambien) 5 mg po every hs as needed and may repeat in 30 minutes.  
 Temazepam (Restoril) 15 mg po every hs as needed.  
 Temazepam (Restoril) 30 mg po every hs as needed.
- Pain:  Nitroglycerin 0.4 mg sl prn for chest pain, every 5 minutes x 3  
 Acetaminophen (Tylenol) 650 mg po every 4 hours as needed.  
 Hydrocodone 5mg with acetaminophen 500 mg (Lortab 5 mg) po every 4 hours as needed.  
 Hydrocodone 7.5mg with acetaminophen 500 mg (Lortab 7.5 mg) po every 4 hours as needed.  
 Other:
- Respiratory:  Albuterol 0.083% (2.5 mg/3 ml) q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed  
sob/wheezing  
 Ipratropium 0.02% (0.5 mg/2.5 ml) q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed  
sob/wheezing  
 Duoneb unit dose q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed sob/wheezing  
 Other nebulizer: \_\_\_\_\_

- Lipbalm (Blistex) to lips prn for dryness or irritation**  
**Artificial Tears prn for dryness**  
**Benzocaine/Phenol (Chloraseptic) Spray prn for sore throat**  
**Vasolex cream to buttocks prn for dryness**

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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## Prevention of Hospital Acquired Venous Thromboembolism



### Venous Thromboembolism Risk Factors

Age >50 year Myeloproliferative disorder Dehydration CHF Active malignancy Hormonal replacement Moderate to Major surgery	Prior history of VTE Impaired mobility Inflammatory bowel disease Active rheumatic disease Sickle cell disease Estrogen based contraceptives Central venous catheter	Acute or chronic lung disease Obesity Known thrombophilic state Varicose veins/chronic stasis Recent post-partum w/immobility Nephrotic syndrome Myocardial infarction
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### Venous Thromboembolism (VTE) Risk in the Hospitalized Inpatient

LOW	MODERATE	HIGH
<input type="checkbox"/> Ambulatory patient without additional VTE Risk Factors <input type="checkbox"/> Ambulatory patient with expected LOS <=2 days, or same day/minor surgery Only a few patients!! <b>Ambulation and Education</b>	<input type="checkbox"/> All other patients (most patients)  (not in LOW or HIGH category) <b>LMWH or UFH 5000 units q 8 hours</b>	<input type="checkbox"/> Elective major lower extremity arthroplasty <input type="checkbox"/> Hip, pelvic, or severe lower extremity fractures <input type="checkbox"/> Acute spinal cord injury with paresis <input type="checkbox"/> Major multiple trauma <input type="checkbox"/> Abdominal or pelvic surgery for cancer <b>LMWH or Arixtra or Coumadin, AND SCD</b>

#### Pharmacologic Prophylaxis Options: Choose ONE:

- Enoxaparin 40 mg subcutaneous q 24 hours (both MODERATE and HIGH risk patients, except knee replacement)
- Enoxaparin 30 mg subcutaneous q 12 hours (HIGH risk, knee replacement)
- Enoxaparin RENAL DOSING: CrCl < 30: 30 mg subcutaneous q 24 hours (MODERATE and HIGH risk patients)
- UFH 5000 units subcutaneous q 8 hours (MODERATE risk only)
- UFH 5000 units subcutaneous q 12 hours (for MODERATE risk patients <50kg or > 75 years of age)
- Fondaparinux 2.5 mg subcutaneous q 24 hours (alternate in selected HIGH risk patients)
- Coumadin \_\_\_\_\_mg po daily, target INR 2-3 (alternate in selected HIGH risk patients)
- NO pharmacologic prophylaxis, patient has contraindication to pharmacologic prophylaxis or is on therapeutic anticoagulation (please check contraindications)
- NO pharmacologic prophylaxis, patient has NO VTE risk factors listed and meets LOW risk criteria above.

#### Mechanical Prophylaxis:

- Venodynes (SCD) (Default adjunct in HIGH risk patients, or in contraindications to anticoagulation)
- Graduate compression stockings
- NO mechanical VTE prophylaxis

#### Contraindications or other Conditions to Consider with Pharmacologic VTE Prophylaxis

ABSOLUTE	RELATIVE	OTHER
<input type="checkbox"/> Active Hemorrhage <input type="checkbox"/> Severe trauma to head or spinal cord with hemorrhage in the last 4 weeks <input type="checkbox"/> Other _____	<input type="checkbox"/> Intracranial hemorrhage within last year <input type="checkbox"/> Craniotomy within 2 weeks <input type="checkbox"/> Intraocular surgery within 2 weeks <input type="checkbox"/> GI, GU hemorrhage within the last month <input type="checkbox"/> Thrombocytopenia (<50K) or coagulopathy (PT > 18 seconds) <input type="checkbox"/> End stage liver disease <input type="checkbox"/> Active intracranial lesions/neoplasms <input type="checkbox"/> Hypertensive urgency/emergency <input type="checkbox"/> Postoperative bleeding concerns*	<input type="checkbox"/> Immune mediated HIT <input type="checkbox"/> Epidural analgesia with spinal catheter (current or planned)

\*Scheduled return to OR within the next 24 hours      \*Spinal Cord or Ortho Spine: 7 days leeway  
 \*General Surgery, s/p Trauma admission: 48 hours leeway      \*Major Ortho: 24 hours leeway

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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