napı	proved Abbro	eviations: U, IU, Q.D., or Q.O.D. Lack of leading zero (i.e1 mg) MS, MSO4, MGSO4 Trailing zero (i.e. 1.0				
		Post-Operative Gynecological Surgery Orders				
		Only those items marked ⊠ will be carried out  Page 1 of 5				
	Status:	☐ Inpatient ☐ Place in Observation ☐ Outpatient (In a Bed)				
	► Allergies Diet:	::				
•	Diet:	☐ Other: ☐				
	Vital Signs					
		☐ Every 1 hour times 4 hours; then every 4 hours times 24 hours; then every 8 hours until discharged				
		☐ Call physician for temperature greater than 100.4 degrees Fahrenheit; pulse greater than 120; systolic blood pressure less than 90; diastolic blood pressure less than 50				
	I & O:	Every 1 hour times 4 hours; then every 4 hours times 24 hours; then every 8 hours				
		☐ Call physician for output less than 120 ml per 4 hours				
		Other:				
		ng Urinary Catheter: t check only one option below:				
	ivius	☐ Discontinue indwelling urinary catheter post operative day 1				
		<u>or</u>				
		☐ Discontinue indwelling urinary catheter post operative day 2				
	** <u>Doo</u>	<u>umentation of reason(s) for continuing indwelling urinary catheter cannot be written on day of surgery</u> **  In / Out Straight catheter every hours PRN bladder distention				
		Replace indwelling urinary catheter if unable to void				
		□ Other:				
	Activity:	□ bed rest timesnours				
		Up with assistance				
		<ul><li>☐ Bed rest with bathroom privileges</li><li>☐ Up in a.m.</li></ul>				
		☐ Ambulate 3 times daily; start first post-operative morning				
		☐ Other:				
	Diagnostic					
		<ul> <li>☐ Hemoglobin and Hematocrit first post-operative morning</li> <li>☐ Hemogram first post-operative morning</li> </ul>				
		☐ CBC first post-operative morning				
		□ Other:				
		☐ Other:				
	IV Fluids:	□ at ml per hour				
	iv i iuius.					
		☐ Alternate with at ml per hour ▶ Indicates Core Measure				
	* <u>OR</u> *	F indicates Gore inteasure				
<ul> <li>☐ at ml per hour</li> <li>☐ Discontinue IV first post-operative morning if a febrile and tolerating oral well</li> <li>☐ Other:</li> </ul>						
a f	۵.	Time· Physician Signature: X				



3901 West 15th Street Plano, Texas 75075 (972) 596-6800

Post-Operative Gynecological Surgery Orders



PATIENT IDENTIFICATION

Unap	proved Abbreviations: U, IU, Q.D., or Q.O.D. Lack of leading zero (i.e1 mg) MS, MSO4, MGSO4 Trailing zero (i.e. 1.0 mg)						
	Post-Operative Gynecological Surgery Orders  Only these items marked will be carried out.  Page 2 of 5						
	Only those items marked ⊠ will be carried out						
10.	Treatment:						
	<ul> <li>☐ O₂ to maintain SpO₂ greater than 92%</li> <li>☐ Turn, cough deep breath every 2 hours times 24 hours</li> </ul>						
	☐ Aqua pad to abdomen prn pain						
	<ul> <li>☐ Abdominal binder</li> <li>☐ Remove abdominal dressing first post-operative morning after shower</li> </ul>						
	Remove vaginal packing first post-operative morning						
	☐ Check vaginal discharge every 2 hours times hours ☐ Incentive spirometer algorithm						
	☐ Other:						
11.	▶ DVT Prophylaxis:						
	■ Sequential compression device (remove every 8 hours for 1 hour and replace) Discontinue when ambulating *OR*						
	<ul> <li>☑K</li> <li>☑ Venous foot pump (remove every 8 hours for 1 hour and replace) Use only if SCDs cannot be applied</li> </ul>						
	Discontinue, if applicable, when ambulating Only to be given after epidural has been removed						
	☐ Enoxaparin (Lovenox) 40 mg subcutaneously every day - Start at *OR*						
	☐ Enoxaparin (Lovenox) 30 mg subcutaneously every day - Start at						
	* <u>OR</u> * Pharmacologic Prophylaxis Contraindicated due to: (Check at least one and/or fill in appropriate blanks)						
	☐ High risk for bleeding						
	<ul> <li>□ Patient is at risk for bleeding, no anticoagulants</li> <li>□ Patient on continuous IV heparin therapy within 24 hours before or after surgery or both</li> </ul>						
	☐ Patient received neuraxial anesthesia						
	☐ Patient refusal, but must be documented in the first 24 hour time frame						
	☐ Other:						
12.	Pain Medications:  ☐ Epidural per Anesthesia orders  ☐ Lindicates Core Measure						
Initiate PCA only after epidural has been discontinued  Discontinue all other opioids and re-evaluate the need for drugs with sedating properties							
If additional opioids beyond those listed in this order set are required, a separate order must be written							
	Consider co-existing disease states, patient age, and medications prior to initiating orders						
	Moderate to Severe Pain (Pain Scale 7 - 10)						
	Times Physician Circus V						
Date	e: Time: Physician Signature: <u>X</u>						



3901 West 15th Street Plano, Texas 75075 (972) 596-6800 PATIENT IDENTIFICATION

**Post-Operative Gynecological Surgery Orders** 



Ε	Unapproved Abbreviations: U, IU,	Q.D., or Q.O.D.	Lack of leading zero (i.e1 mg)	MS, MSO4, MGSO4	Trailing zero (i.e. 1.0 mg)					
Post-Operative Gynecological Surgery Orders  Only those items marked will be carried out  Page 3 of 5  Analgesia PCA Infusion (NOT EQUIPOTENT CONCENTRATIONS)										
	☐ Morphine 1 mg per m		☐ Fentanyl 10 mcg per ml	☐ Hydromo	☐ Hydromorphone (Dilaudid) 1 mg per ml					
	Loading Dose: Range: 2 mg - 10 mg (Suggested loading dose: 2 m		Range: 20 mcg - 40 mcg uggested loading dose: 25 mcg)	Range:	ng 0.4 mg - 1 mg oading dose: 0.4 mg)					
	Continuous (Basal) Rate:		nuous (Basal) Rate: mcg / hour gested Range: 0 - 10 mcg / hour)	,	hour tange: 0.1 mg / hour)					
	Intermittent PCA Dose:  Range: 0.5 mg - 2 mg (Suggested intermittent dose: 2 {start at 1 mg})	_		Range: ( (Suggested interm	A Dose: mg 0.1 mg - 0.4 mg nittent dose: 0.1 - 0.3 mg t at 0.1 mg})					
	Lockout Interval: mir Range: 5 - 99 minutes (Suggested: 6 - 10 minutes)		out Interval: minutes Range: 5 - 99 minutes (Suggested: 4 - 8 minutes)	Range:	sl: minutes 5 - 99 minutes d: 6 - 10 minutes)					
	Four Hour Limit:  (Suggested range limit: 20 - 30 of the suggested range limit is 20 - 30 of the suggested range limit in the suggested range limit is 20 - 30 of the suggested range limit.	mg) (Suggest	Hour Limit: mcg red range limit: 3 mcg / kg or 300 m mit calculated to equal PCA plus Basal doses	cg) (Suggested	Four Hour Limit:mg (Suggested range limit: 2 - 6) 4 hour limit calculated to equal PCA plus Basal doses					
	Booster Dose: mg ever hours Range 0.5 - 5 mg Booster dose is not included in 4 hour li			Range: (	se: mg every hours 0.1 mg - 0.4 mg not included in 4 hour limit					
<ul> <li>*Note: Consider oxygen therapy and pulse oximetry in patients at high risk for respiratory compromise.</li></ul>										
	Date: Time:	Physician S	ignature: X							



3901 West 15th Street Plano, Texas 75075 (972) 596-6800

**Post-Operative Gynecological Surgery Orders** 

PATIENT IDENTIFICATION