

WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
 DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS POST-OP LOBECTOMY – DR. NELSON	CHECK OFF/ INITIALS
Admit to CVICU:	
Operation:	
Surgeon:	
Vital signs every 15 minutes X 4, every 30 minutes X 2, every one hour X 4, then every 4 hours.	
Record Intake and Output	
Record chest tube drainage – document every shift	
Daily weights	
Diet: <input type="checkbox"/> 1800 ADA <input type="checkbox"/> Regular Diet <input type="checkbox"/> Other	
Activity: Elevate Head of Bed to 30 degrees.	
Incentive Spirometer every 1 to 2 hours while awake.	
Encourage cough and deep breathing.	
Post Operative Day #1 – Bedrest, dangle if tolerated.	
Post Operative Day #2 – up to chair if epidural is in. Ambulate if epidural is out	
Post Operative Day #3 - Ambulate three times a day with Chest Tube to water seal	
Intravenous Fluids: <input type="checkbox"/> Dextrose 5% / 0.45% Sodium Chloride <input type="checkbox"/> 0.9% Sodium Chloride at 75 mL/hour until taking by mouth. <input type="checkbox"/> Once oral intake adequate/fluid status stable - Saline lock	
Medications/Intravenous Drips	
<input type="checkbox"/> Phenylephrine (Neosynephrine®)	
<input type="checkbox"/> Nitroglycerin	
<input type="checkbox"/> Fenoldopam (Corlopam®)	
<input type="checkbox"/> Esmolol (Brevibloc®)	

DOCTORS ORDERS POST-OP LOBECTOMY DRS NELSON	CHECK OFF/ INITIALS
Pain Management	
Epidural Management per anesthesia	
Meperidine (Demerol®) 25 mg Intravenous every 4 hours times 4 doses as needed.	
Oxycodone 5mg/Acetaminophen 325 mg. (Percocet®) 2 tablets by mouth every 4 to 6 hours as needed	
Ketorolac (Toradol®) _____	
Acetaminophen (Tylenol®) 325 mg 2 tablets by mouth every 6 hours as needed.	
Other as Needed Medications:	
Milk of Magnesia 30 mL by mouth 2 times daily as needed; If Creatinine greater than 1.5 then Sorbitol 30 mL by mouth 2 times daily as needed.	
Bisacodyl (Dulcolax®) Suppository, per rectum as needed	
Prochlorperazine (Compazine®) 25 mg Suppository, per rectum every 6 hours as needed.	
Ondansetron (Zofran®) 4 mg Intravenous every 4-6 hours as needed for nausea.	
STAT – Portable chest x-ray	
Post Operative Day #1 – Portable chest X-ray, CBC, BMP	
Chest Tube to <input type="checkbox"/> - 20 cm Hg <input type="checkbox"/> - 10 cm Hg <input type="checkbox"/> Water Seal	
O ₂ Nasal Cannula wean to keep SPO ₂ greater than 90%.	
Consults:	
Pulmonary _____	
PCP _____	
Review Med Reconciliation Physician Discharge/Transfer Orders.	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy