

WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

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

DOCTORS ORDERS POST-OP THORACIC – DR. DEB	CHECK OFF/ INITIALS
Admit to ICU:	
Operation:	
Surgeon:	
CONSULTS:	
Pulmonary _____ <input type="checkbox"/> Physical Therapy for ambulation and shoulder – ROM twice a day	
PCP _____ <input type="checkbox"/> Social Services	
Vital signs every 15 minutes times 4, every 30 minutes times 2, every one hour times 4, then every 4 hours.	
Record Intake and Output	
Record chest tube drainage – document every shift	
Daily weights _____ <input type="checkbox"/> Neuro checks every 4 hours if Epidural in place.	
Diet: <input type="checkbox"/> 1800 ADA <input type="checkbox"/> Regular Diet <input type="checkbox"/> Full Liquids	
<input type="checkbox"/> Tube Feeding _____ (formula) at _____ mL/hour, increase by 20 ml every 12 hours to goal.	
<input type="checkbox"/> Flush feeding tube every 8 hours with 20 ml Normal Saline	
<input type="checkbox"/> TPN	
<input type="checkbox"/> Nothing by mouth	
<input type="checkbox"/> NGT to low continuous suction	
<input type="checkbox"/> Vent Settings FiO ₂ _____ SIMV _____ TV _____ Peep _____ PSV _____	
ACTIVITY:	
<input type="checkbox"/> Elevate Head of Bed to 30 degrees.	
<input type="checkbox"/> Post Operative Day #1 – Out of bed to chair, ambulate if able.	
<input type="checkbox"/> Post Operative Day #2 – up to chair and ambulate with pleural tubes on water seal (as tolerated) three times a day.	
<input type="checkbox"/> Post Operative Day #3 - Ambulate four times a day with Pleural Tubes to water seal	
DIAGNOSTICS:	
<input type="checkbox"/> STAT – Portable chest x-ray on admission	
<input type="checkbox"/> STAT ABG if (pneumonectomy) on admission	
<input type="checkbox"/> STAT CBC, BMP, Magnesium on admission	
<input type="checkbox"/> Post Operative Day #1 – Portable chest X-ray, CBC, BMP	
<input type="checkbox"/> Daily portable chest x-ray and ABG while intubated	
<input type="checkbox"/> Daily portable chest x-ray while chest tubes are in	
Chest Tube to <input type="checkbox"/> - 20 cm H ₂ O <input type="checkbox"/> - 10 cm H ₂ O <input type="checkbox"/> Water Seal	
<input type="checkbox"/> Weekly Albumin level	
<input type="checkbox"/> Weekly Liver Panel	

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INTRAVENOUS FLUIDS:	
No intravenous fluid bolus if pneumonectomy	
<input type="checkbox"/> Dextrose 5%/ 0.45% Sodium Chloride at 75 mL/hour until taking by mouth	
<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	
INTRAVENOUS DRIPS:	
Titrate for SBP > 100 mmHg and < 180 mmHg	
<input type="checkbox"/> Phenylephrine (Neosynephrine®), 20mg/250 mL Dextrose 5% in water (D5W)	
<input type="checkbox"/> Nitroglycerin 50mg/250 mL Dextrose 5% in water (D5W)	
<input type="checkbox"/> Fenoldopam (Corlopam®) 20 mg/250mL Sodium Chloride 0.9% (Normal Saline)	
<input type="checkbox"/> Diltiazem Hydrochloride (Cardizem®), for atrial fibrillation and HR more than 100, no Bolus, 5-20 mg/hour.	
INTRAVENOUS MEDS:	
<input type="checkbox"/> Cefazolin (Ancef®) <u>1 gram</u> intravenous every <u>8</u> hours times 24 hours	
<input type="checkbox"/> Vancomycin (Vancocin®) <u>1 gram</u> intravenous every <u>12</u> hours times 24 hours	
MEDICATIONS:	
<input type="checkbox"/> Heparin 5000 units subcutaneous daily, hold if Epidural to be discontinued at least more than four hours prior and 2 hours after.	
<input type="checkbox"/> Enoxaparin (Lovenox®) 40 mg subcutaneous daily *only if no Epidural	
<input type="checkbox"/> Furosemide (Lasix®) 40 mg by mouth daily	
<input type="checkbox"/> Docusate Sodium (Colace®) 100 mg by mouth twice daily	
<input type="checkbox"/> Famotidine (Pepcid®) 20 mg intravenous or by mouth twice daily	
<input type="checkbox"/> Mupirocin (Bactroban®) Ointment to nares twice a day. (Sternotomy only)	
<input type="checkbox"/> Reglan (Metoclopramide®) 10 mg intravenous or by mouth every 8 hours.	
<input type="checkbox"/> Ibuprofen (Motrin®) <input type="checkbox"/> 600 <input type="checkbox"/> 800 mg by mouth three times a day with meals	
PAIN MANAGEMENT:	
<input type="checkbox"/> Epidural Management per anesthesia 0.5% Bupivacaine (Sensorcaine®) at 2 mL/hour. (Neuro checks)	
<input type="checkbox"/> Morphine Sulfate _____ mg intravenous every one hour as needed for pain	
<input type="checkbox"/> Meperidine (Demerol®) 25 mg Intravenous every 4 hours as needed. (Caution if Cr more than 6.5)	
<input type="checkbox"/> Oxycodone 5mg/Acetaminophen 325 mg. (Percocet®) 2 tablets by mouth every 4 to 6 hours as needed	
<input type="checkbox"/> Ketorolac (Toradol®) <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg intravenous every 6 hours for 8 doses as needed	
<input type="checkbox"/> Acetaminophen (Tylenol®) 325 mg 2 tablets by mouth every 4-6 hours as needed, instead of oral narcotics.	
OTHER AS NEEDED MEDICATIONS:	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Bisacodyl (Dulcolax®) Suppository 10 mg per rectum as needed. May repeat times one.	
<input type="checkbox"/> Prochlorperazine (Compazine®) 25 mg Suppository per rectum every 6 hours as needed.	
<input type="checkbox"/> Ondansetron (Zofran®) 4 mg Intravenous every 4-6 hours as needed for nausea.	
<input type="checkbox"/> Promethazine Hydrochloride (Phenergan®) 25 mg intravenous every six hours as needed for nausea/vomiting.	

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RESPIRATORY:		
Humidified O ₂ Nasal Cannula wean to keep SPO ₂ greater than 90%.		
<input type="checkbox"/> Albuterol – Atrovent (Duoneb®) Nebulizer 3ml (Unit dose) every _____ hours		
<input type="checkbox"/> Acetylcysteine (Mucomyst®) 20% Nebulizer 5 mL three times per day		
<input type="checkbox"/> Dornase Alfa (Pulmozyme®) 2.5 mg nebulized every a.m. times 3 days		
<input type="checkbox"/> Chest physiotherapy (percussion) to _____ lobe, every 4 hours while awake		
<input type="checkbox"/> Albuterol (Ventolin®) Metered Dose Inhaler 2 puffs every 4 hours		
Incentive Spirometer every 1 to 2 hours while awake, 10 times per session.		
<input type="checkbox"/> Acapella every 4 hours for 10-20 pep breaths, adjust resistance for 4 second exhalation.		
<input type="checkbox"/> If myasthenic, check NIF every six hours for decrease. (Done by Respiratory Therapist)		
<input type="checkbox"/> Guaifenesin (Robitussin®) 600 mg by mouth every six hours.		
Encourage cough and deep breathing.		
DRESSINGS:		
<ul style="list-style-type: none"> • Leave chest dressing intact • Remove dressing, incision to room air on post-op day #3. • Keep chest tube site occlusive and change dressing daily or if saturated. 		
NOTIFY PHYSICIAN FOR:		
<ul style="list-style-type: none"> • SBP < _____ mmHg or SBP > _____ mmHg • MAP < _____ mmHg or MAP > _____ • HR < _____ or > _____ • RR > 40 or < 6 • Urine Output < _____ per hour • Temperature > 102° or > 101° when patient is > 48 hours post-op • Atrial Fibrillation – check Potassium/Magnesium Sulfate and notify physician/physician assistant, obtain ECG and chest x-ray. • Chest Tube drainage > 200 mL/hour times two hours or over 100 mL/hour times 4 hours • Continuous air leak of chest tube • O₂ Oxygen Saturations < 90% • Worsening subcutaneous Emphysema 		
MISCELLANEOUS:		
If Esophagectomy:		
<ul style="list-style-type: none"> • Place “DO NOT MANIPULATE NGT” sign above bed • Feeding tube care • Erythromycin (Erythrocin®) 250 mg intravenous every 6 hours, start on POD #1. 		
Review Med Reconciliation Physician Discharge/Transfer Orders.		
Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy
 Original: 9/08; 11/09 Form# 2.2-007