PROVIDER ORDERS

GYNECOLOGY POSTOPERATIVE CARE

Gynecology Postoperative Care

General
- Place in Outpatient Extended Recovery
- Admit to Service Order
  - ICU
  - CVU
  - PCU
  - HLC
  - Telemetry
  - Med/Surg
  - Postpartum
- Admit To Dr Order
- Diagnosis:
  Authentication of Provider Order
- Based upon the severity & concern of this patient’s initial presenting signs, symptoms, working diagnosis, risk of potential deterioration, and the complex clinical decision process, as documented in the H8 exam and physician’s progress notes, it is reasonable to expect this patient will require medical services in an INPATIENT status that will extend beyond two midnights.

Vital signs
- every 1 hour for 4 hours, then every 4 hours
- every 2 hours
- every 4 hours
- every 8 hours

Assessment: Risks and Safety - to be completed on all patients even if currently receiving VTE prophylaxis
- Common Risk Factors for VTE: Age more than 40 years old, stroke/TIA, major abdominal/pelvic/lower limb surgery, hypercoagulative state or collagen disorder, heart failure with swollen legs, malignancy, heart or respiratory failure, ICU admission, inflammatory disorder, hip, leg, or pelvic fracture, immobility more than 24 hours, chemotherapy, multiple trauma, varicose veins, prior history of VTE, central venous line/catheter, lower limb arthroplasty, obesity more than 20% over IBW, pneumonia, sepsis, pregnancy/postpartum less than 42 days, major thoracic surgery and total joints (hip and knee)
- VTE must be reassessed after each surgical procedure

VTE Risk
- High risk - surgery, 40-60 years of age, major trauma, spinal injury, 3 or more additional risk factors present
- Low risk - minor surgery, less than 40 years of age, patient is ambulatory, no additional risk factors present
- Moderate risk - minor surgery, 40-60 years of age, 1-2 additional risk factors present
- VTE prophylaxis not necessary, patient is low VTE risk (may not use for SCIP or Stroke patient)
Individualized therapy based on the type of agent used, comorbidities, risk factors, and/or type of procedure should be used.

Contraindications to pharmacologic therapy:
- Comfort care measures
- Medical Contraindication: blood coagulation disorder, abnormal aPTT, platelets less than 50,000/dL, recent intracranial bleed, uncontrolled hypertension, active bleed, history of Heparin Induced Thrombocytopenia, untreated brain metastases
- Surgical Contraindication: spinal tap or epidural within 12 hours, head trauma, head or eye surgery less than 3 months old
- Patient refused
- Enrolled in clinical trial

Contraindications for mechanical therapy:
- Edema of leg
- Patient refused
- Comfort care measures
- History of lower limb amputation
- Dermatitis/Cellulitis
- Deformity of leg
- Peripheral vascular disease
- DVT of lower extremity

Medications (choose only one):
- heparin
  - 5000 unit subcutaneously every 12 hours
- enoxaparin
  - 40 milligram subcutaneously once a day
  - 30 milligram subcutaneously once a day if creatinine clearance is less than 30 milliliter/minute
- rivaroxaban
  - 10 milligram orally once a day at 1800 for Knee Replacement or Arthroplasty or History of
  - 10 milligram orally once a day at 1800 for Hip Replacement or Arthroplasty or History of
  - ____ milligram orally once a day at 1800 for Non-valvular A Fib or History of
  - ____ milligram orally once a day at 1800 for Previous Treatment of VTE
  - ____ milligram orally once a day at 1800 for Treatment of Active VTE

Laboratory:
- Anticoagulation Laboratory Support Protocol - if pharmacological therapy ordered

Nursing Orders:
- Pneumatic Comp Device (foot)
  - Both
  - Left
  - Right
- Pneumatic Comp Device (calf)
  - Both
  - Left
  - Right
- Other ________________________________

Physician/Date/Time: ________________________________
Nurse/Date/Time: ________________________________
Secretary/Date/Time: ________________________________

Full page of orders requires only one physician, one nurse and one clerical signature/date/time.

Original to Patient’s Chart
Original: 10/13 Revised: 4/14, 5/14 Reviewed: ________________________________
Fax to Pharmacy Form #: 3.15-004
Diet
- NPO
- REGULAR DIET
- CONSISTENT CARBOHYDRATE DIET
- LOW FIBER/LOW RESIDUE DIET
- CLEAR LIQUIDS DIET
- TUBE FEEDING PROTOCOL DIET
- Other ______________________

Activity
- Up ad lib
- Up to chair with assistance
- Ambulate with assistance
- Bed rest with bathroom privileges
- Bed rest, complete
- Other ______________________

Medications
Analgesics: Reminders
Make sure acetaminophen does not exceed 4000 milligram a day.

Analgesics - for Pain Level 1 - 3 (choose only one)
ibuprofen
- 600 milligram orally EVERY 6 HOURS AS NEEDED FOR PAIN SCALE 1-3

Analgesics - for Pain Level 4 - 6 (choose only one)
meperidine
- 75 milligram intramuscularly EVERY 4 HOURS AS NEEDED FOR PAIN SCALE 4-6 if unable to take PO well
- 1 tablet orally EVERY 4 HOURS AS NEEDED FOR PAIN SCALE 4-6 when tolerating PO well

Analgesics - for Pain Level 7 - 10 (choose only one)
oxyCODONE-acetaminophen 5 mg-325 mg tab
- 2 tablet orally EVERY 4 HOURS AS NEEDED FOR PAIN SCALE 7-10 when tolerating PO well
- meperidine
- 100 milligram intramuscularly EVERY 4 HOURS AS NEEDED FOR PAIN SCALE 7-10 if unable to take PO well

Antidotes and Rescue Agents
naloxone
- 0.2 milligram intravenously EVERY 2 MINUTES AS NEEDED FOR OPIATE REVERSAL - if respiratory rate is less than 10 breaths per minute or patient is difficult to arouse

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Reminder: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY
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PROVIDER ORDERS
GYNECOLOGY POSTOPERATIVE CARE

Analgesics: Non-opioids
acetaminophen
- 1000 milligram intravenously every 6 hours
celecoxib
- 200 milligram orally every 12 hours
ketorolac
- 30 milligram intravenously every 6 hours maximum 5 days for patients less than 65 years old
- 15 milligram intravenously every 6 hours maximum 5 days; for patients 65 years or older or if patient has renal impairment
naproxen
- 500 milligram orally every 12 hours

Antibacterial Prophylactic Agents: Cephalosporins, 1st-Generation
ceFAZolin
- 1 gram intravenously every 8 hours to be given within 24 hours of anesthesia end time

Antibacterial Prophylactic Agents: Aminoglycosides
gentamicin
- 1.5 milligram/kilogram intravenously once; loading dose
- 1 milligram/kilogram intravenously every 8 hours; maintenance dose
- 5 milligram/kilogram intravenously once a day

Antibacterial Prophylactic Agents: Penicillins
ampicillin
- 2 gram intravenously every 6 hours to be given within 24 hours of anesthesia end time

Antibacterial Prophylactic Agents: Lincosamides
clindamycin
- 600 milligram intravenously every 8 hours to be given within 24 hours of anesthesia end time
- 900 milligram intravenously every 8 hours to be given within 24 hours of anesthesia end time

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WESTERN MARYLAND HEALTH SYSTEM
Provider Orders

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### PROVIDER ORDERS

**GYNECOLOGY POSTOPERATIVE CARE**

#### Antiemetics - choose only one

- **metoclopramide**
  - 10 milligram intravenously EVERY 8 HOURS AS NEEDED FOR NAUSEA AND VOMITING
- **ondansetron**
  - 4 milligram intravenously EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING
- **promethazine**
  - 12.5 milligram intravenously EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older
  - 12.5 milligram intramuscularly EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older
  - 12.5 milligram rectally EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older
  - 12.5 milligram orally EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older
  - 25 milligram intravenously EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older
  - 25 milligram intramuscularly EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older
  - 25 milligram rectally EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older
  - 25 milligram orally EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING; potentially inappropriate in patients 65 years or older

#### Antihypertensives

- **cloNIDine** 0.1 mg/24 hr weekly transderm patch
  - 1 patch transdermally every 7 days; potentially inappropriate in patients 65 years or older
- **enalaprilat**
  - 1.25 milligram intravenously every 6 hours
- **furosemide**
  - 40 milligram intravenously every 12 hours
  - NIFEdipine ER 30 mg tab
    - 1 tablet orally once a day

#### Beta-Blockers 🦋

- **metoprolol tartrate**
  - 2.5 milligram intravenously every 6 hours during hospitalization; maintain heart rate between 55 to 65 beats per minute; maximum 7 days
- **labetalol**
  - 100 milligram orally every 12 hours

#### Antipruritics - choose only one

- **diphenhydramINE**
  - 25 milligram intravenously EVERY 6 HOURS AS NEEDED FOR ITCHING
  - 25 milligram orally EVERY 6 HOURS AS NEEDED FOR ITCHING
  - 50 milligram intravenously EVERY 8 HOURS AS NEEDED FOR ITCHING
  - 50 milligram orally EVERY 8 HOURS AS NEEDED FOR ITCHING

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Revised: 4/14, 5/14

Reviewed:

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### PROVIDER ORDERS
**GYNECOLOGY POSTOPERATIVE CARE**

#### Antishivering Medications
- **meperidine**
  - 25 milligram intravenously once FOR SHIVERING/RIGORS as needed

#### Hemostatic Agents
- **desmopressin**
  - 0.3 microgram/kilogram intravenously once
- **conjugated estrogens**
  - 25 milligram intravenously every 6 hours
  - 2.5 milligram orally every 4 hours

#### Iron Supplements
- **ferrous sulfate**
  - 325 milligram orally 2 times a day

#### Laxatives
- **docusate sodium**
  - 100 milligram orally 2 times a day
- **senna**
  - 8.6 mg oral tablet
  - 2 tablet orally once a day, at bedtime
- **bisacodyl**
  - 10 milligram orally EVERY 3 HOURS AS NEEDED FOR CONSTIPATION repeat until bowels move
  - 10 milligram rectally EVERY 3 HOURS AS NEEDED FOR CONSTIPATION repeat until bowels move
- **magnesium hydroxide**
  - 30 milliliter orally TWICE A DAY AS NEEDED FOR CONSTIPATION

#### Other
- **Pulse oximetry**
  - CONTINUOUS for 24 hours or until no changes are made in oxygen for 8 hours
  - O2 TO MAINTAIN O2 SAT @ 90%
- **Continuous positive airway pressure (CPAP)**
  - CPAP(cm H2O): _____ FIO2: _____
- **Incentive spirometry**
  - every hour, while awake
  - every 2 hours, while awake

#### Bronchodilators: Beta-2 Agonists – Inhaled, Short-acting
- **albuterol**
  - 2.5 mg/3 mL (0.083%) neb solution
  - 3 milliliter by nebulizer RESPIRATORY EVERY 4 HRS PRN FOR WHEEZING/SHORTNS OF BREATH
  - albuterol 90 microgram/inhalation aerosol
  - inhaled RESPIRATORY EVERY 4 HRS PRN FOR WHEEZING/SHORTNS OF BREATH 2 puffs

#### Bronchodilators: Inhaled Anticholinergic Agents
- **ipratropium**
  - 17 mcg/actuation aerosol inhaler
    - inhaled RESPIRATORY Q4H (03,07,11...) 2 puffs
  - ipratropium 0.02% inhalation solution
  - 2.5 milliliter by nebulizer RESPIRATORY Q4H (03,07,11...)

#### Bronchodilators: Inhaled Combination Agents
- **DUONEB**
  - 2.5 MG-0.5 MG/3 ML SOLN FOR INHALATION
  - 3 milliliter by nebulizer RESPIRATORY Q4H (03,07,11...)

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☐ Other ____________________________

Laboratory
Blood Bank
☐ TYPE AND SCREEN
☐ CRYOPRECIPITATE, reason wanted:
☐ FRESH FROZEN PLASMA, reason wanted:
☐ PLATELETS PRODUCT, platelet product wanted _____ and reason wanted:
☐ TYPE/XMATCH RBC UNITS, _____ units

Chemistry
☐ Glucose, serum, random

Hematology
☐ Activated clotting time (ACT)
☐ Complete blood cell count with automated white blood cell differential
☐ D-dimer
☐ Fibrinogen
☐ Partial thromboplastin time (PTT), activated
☐ Prothrombin time (PT) and international normalized ratio (INR)

Panels
☐ Basic metabolic panel
☐ Comprehensive metabolic panel
☐ Electrolyte panel
☐ Hepatic function panel
☐ Renal function panel

Urine Studies
☐ Urinalysis (UA) with microscopy
☐ Other ____________________________

Diagnostic Tests
Cardiology
☐ 12-lead ECG
☐ Other ____________________________

Consults
☐ Consult to dietician
☐ Consult to Care Management
☐ Consult to pastoral care
☐ Other ____________________________

Nursing Orders
Assessments
☐ Assess for bleeding
☐ Neuro Status Monitoring, Order
☐ every 4 hours
☐ every 8 hours
☐ Cardiac monitor
☐ Strict Intake and Output
☐ every 4 hours
☐ every 8 hours

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Measure weight
☐ once a day, in the morning

Contingency
Notify provider
☑ if blood pressure is greater than 150/100 mmHg or less than 90/50 mmHg
☑ if heart rate is greater than 120 beats per minute
☑ if temperature is greater than 38.5 C/101.3 F
☑ if urine output is less than 35 milliliters per hour
☑ if respiratory rate is less than 10 breaths per minute or patient is difficult to arouse

Interventions
☐ Chest tube management
☐ Drain management
☐ Elevate head of bed
☐ 30 degrees
☐ 45 degrees
☐ Gastric tube management
☐ Nasogastric/orogastric tube insertion/management
☐ Urinary catheter initiation/management
☐ 24 hr urine - incontinent patient
☐ Neurogenic bladder
☐ Patient request - End of Life care
☐ Post-operative: urology/gynecology/perineal
☐ Healing open sacral/perineal wound
☐ Monitor strict output - ICU/CVU patient
☐ Prolonged immobilization related to unstable thoracic or lumbosacral spine
☐ Acute urine retention or bladder obstruction
☑ Indwelling Cath Remove Protocol
☐ Urinary straight catheterization
☐ Wound care
☐ Other ____________________________

Patient/Caregiver Education
☑ Education, deep-breathing and coughing exercises
☑ Education, incentive spirometry
☑ Education, smoking cessation if patient is a smoker
☑ Education, wound care
☐ Other ____________________________

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