PATIENT CLASS:	Medical	Trauma	Recovery		
Last Name		First Name		Middle Initial	
Room	Date	Time	Height	Weight	
Allergies:					
Diagnosis:					

$\checkmark$	Level of Care	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Admit to Inpatient				-		
	Refer to Observation						
	Extended Recovery						
$\checkmark$	Code	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Full Code						
	Full treatment WITH intubation but Without ACLS						
	Full Treatment WITHOUT intubation and WITHOUT ACLS						
	Comfort Care						
$\checkmark$	Isolation Orders	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Contact Isolation						
	Droplet Isolation						
	Airborne Respirator Isolation						
	Airborne Respirator Contact , Droplet Isolation						
	Neutropenic Precautions						
	Contact Enteric Isolation						
$\checkmark$	Vital Signs	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Vital Signs						
	Pulse Oximetry Continous						
$\checkmark$	Cardiac Monitoring	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Cardiac Monitoring						
<b>√</b>	Activity	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	activity as tolerated						
	Bed Rest						
	Bathroom Privileges						
	Commode at Bedside						
	Elevate Extremity						
	Elevate HOB					.1	
	Up with Assistance					) A	
	Up in Chair				A (1)	y . • . (	<b>&gt;</b> 2
					$\checkmark$		

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**GENERAL SURGICAL POST**OPERATIVE PAPER ORDER SHEET
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$\checkmark$	Diet	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Diet NPO						
	Diet General						
	Diet Cardiac						
	Diet ADA Diabetic						
	Advanced Diet as Tolerated						
$\checkmark$	SCIP Urinary Catheter Orders	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Discontinue Existing Urinary Catheter						
	Continue Indwelling Urinary Catheter						
	Urinary Catheter Care						
	Nurse Driven Removal of Catheter						
	Catheter was not placed Intra-Operatively						
$\checkmark$	Nursing Interventions	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Bladder Scan						
	Change Dressing						
	Oxygen Therapy						
	Chest Tube to Continous Suction						
	Dressing Check						
	Empty Surgical Drain						
	NG Tube Maintenance						
$\checkmark$	Respiratory Interventions	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Mechanical Vent- Noninvasive						
$\checkmark$	Physician Consult	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Inpatient Consult to Sound Hospitalist						
	Inpatient Consult to Kaiser Permanent Hospitalist						
	Inpatient Consult to FIT Hospitalist						
$\checkmark$	Other Consult	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
<b>√</b>	Pain Management Comunication	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Anesthesia Post Surgical Pain Assistance (Anesthesia may						
	provide a peripheral nerve block and/or Neuraxial Block						
	[e.g. epidural spinal] to assist with post surgical pain						
	management as appropriate, Post-Op						
		<u> </u>		l			

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## LAB

$\checkmark$	Chemistry PACU	Collection Date & Time	Initials
	Basic Metabolic Panel [678]		
	Basic Metabolic plus Panel [3420]		
	CMP [17]		
	Troponin I [64647]		
	Lipase [846]		
	Lactic Acid, Venous[64630]		
	Calcium Ionized [756]		
	Potassium [876]		
	Magnesium [854]		
	Phosphorus [874]		
	Hepatic Function Panel [688]		
	TPN Panel 10 [101437]		
	Newborn Metabolic Screen [7636]		
	Hemoglobin AIC [828]		
<b>√</b>	Coagulation PACU	Collection Date & Time	Initials
	Protime-INR [1750]		
	Activated Partial Thromboplastin Time [1760]		
<b>√</b>	Hematology PACU	Collection Date & Time	Initials
	CBC and Differential [1696]		
	CBC No Diff (Hemogram) [1698]		
	Hemoglobin [291		
	Hemoglobin and Hematocrit Blood [753]		
	Hematocrit [1688]		
<b>√</b>	Urine	Collection Date & Time	Initials
	UA With Culture, if indicated [101445]		
✓	Lab Additional orders		
$\checkmark$	Others	Collection Date & Time	Initials
I			C.

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<b>√</b>	VTE Prophylaxis	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	0-1 Risk Score & Low or High Bleeding						
	2-5 Risk Score & Low Bleeding Ris [SDC- Enoxaprin -heparin]						
	2-5 Risk Score & High Bleeding Risk [SCDs]						
	Reason for no VTE Prophylaxis						

## **Prophylaxis Regimen Guidelines**

Total VTE Risk Factor Score	Incidence of VTE	VTE Risk Level
0-1	Less than 10%	Very Low Risk
2	10-20%	Low Risk
3-4	20-40%	Moderate Risk
5 or more	40-80% 1-5 mortality	High Risk

## **Bleeding Risk Assessment**

HIGH Risk Factors	LOW Risk Factors		
Active Bleeding	Hepatic Insufficiency (INR greater than 1.5)		
Active Gastroduodenal Ulcer	Renal Insufficiency (GFR less than 30 ml/min/m2)		
UGI Bleed within 3 months	Elderly (Age 65 years or greater)		
Platelets less than 50,000	ICU stay		
Bleeding risk: 1 HIGH risk factor or 3 LOW risk factors = High Risk			

<b>✓</b>	Post OP VTE Prophylaxis Pharmacological	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Heparin Injection [75738407]		5000 Units	Subcutaneous	Every 12 hours		
	Heparin Injection [75738408]		5000 Units	Subcutaneous	Every 8 hours		
	Enoxaparin LOVENOX Injection [75738409]	40 mg		Subcutaneous	Daily		
	Reason for No VTE Prophylaxis (Pharm) [75738410] Note: Reason required to be in compliance with CMS Guidelines.	Reason:					

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## Medications

$\checkmark$	IV Fluids	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Sodium Chloride 0.9% [7319]	3mL, 5mL		Intravenous	Every 8 hours		
		10 MI					
	Sodium Chloride 0.9% [27838]	1000 MI		Intravenous	Once		
	Dextrose 50 % in Water (D50W) [119654]	50mL 12.5		Intravenous	Once		
	lopamidol 76 % [10328]	100 MI		Intravenous	IMG Once as needed		
$\checkmark$	Post OP Antiemetic/Antivertigo Agents	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Ondasetron HCL (PF) [106348]	4mg /2ML		Intravenous	Once		
$\checkmark$	Electrolyte Maintenance	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Lactacted Ringers Intravenous Solution	125mL/hr		Intravenous			
	[4318]						
$\checkmark$	Analgesic/Antipyretics, Non Salicylate	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Acetaminophen [101]	325mg		Oral			
$\checkmark$	Analgesic Narcotic, Anesthetic Adjunct Agents	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Fentanyl (PF) [3037]	50mcg		Intravenous	Once		
	Oxycodone [10814]	5mg		Oral	Once		
	Hydromorphone 2 MG/ML Injection	2 MG/ML		Intravenous	Once		
	Syringe [118595]	·					
	Oxycodone-Acetaminophen 5 MG-325	5-325 MG		Oral	Every 4 hours PRN		
	MG Tablet [5940]				,		
	Lidocaine (PF) 10 MG/ML (1 %) Injection	10 mg/Ml (1%)		Intradermal	Once		
	Solution [104207]	J , , ,					
$\checkmark$	Narcotic Antagonist	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Naloxone [119869]	0.4 MG/MI		Intravenous	Once		
$\checkmark$	Antiemetic	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Metoclopramide [5002]	5m/ML		Intravenous	Once		
	Promethazine [6618]	25mg/ml		Intravenous	Once		
$\checkmark$	Bowel Program	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Docusate Sodium [2566]	100mg		Oral	2 times daily		
$\checkmark$	Post OP Respiratory	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Ipratropium-Albuterol [93931]	3mL		Nebulization	Every 4 hours PRN		
	Albuterol Sulfate [250]	2.5mg		Nebulization	Every 4 hours PRN		
$\checkmark$	Electrolyte Replacement Therapy	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Electrolyte Replacement Protocol: Med			Refer to	Protocol		
	Surg OR Med Surg/Tele [40840603]			neier (o			
$\checkmark$	Post OP Sedative	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Temazepam (Restoril) Capsule [7753]	15-30 mg		Oral	Nightly PRN		
$\checkmark$	Hypoglycemia	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Glucagon (Human Recombinant)	1mg		Intramuscular	Once	7	
	[126497]					( : >	
$\checkmark$	Post OP Acid Reduction	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Famotidine (PEPCID) 20mg /2ML[124715]	20mg		Intravenous	2 times daily Post Op	(O'	O
	Famotidine (PEPCID) L[10011]	20mg		Oral	2 times daily Post OP	4	

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<b>√</b>	OTHER- Pre Op Medications (Additional Orders)	Dose	Units	Route	Frequency	Time Ordered	Time Entered

All orders must be Time, Dated and Signed.

Date and Time Orders.

**Range Orders:** Use Only one Range either dose or Time Interval.

**PRN Orders:** Must have indication included in the Order.

When Ordering multiple medications for the same indication, include a clear distinction of when organizations should be

administered over an	·	e a clear distinction of when one agent should be
Name	Provider's Signature	Date Time
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