Radioactive Prostate Seed Implant Postoperative

Provider Initial:__________________________

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Radioactive Prostate Seed Implant Postoperative [93400808]

PHYSICIAN ORDERS

PATIENT INFORMATION

Franciscan Health System
St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harrison Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

PHYSICIAN ORDERS

Height_______________________________
Weight______________________________
Allergies_______________________________

General

Notify Provider

[] Notify provider

Routine, Until discontinued, Starting today
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
Notify Urologist of admission., Post-op

Activity

[] Activity as tolerated
Routine, Until discontinued, Starting today, Post-op
[] Bed rest
Routine, Until discontinued, Starting today, Post-op
[] Bed rest with bathroom privileges
Routine, Until discontinued, Starting today, Post-op
[] Other

Diet/Nutrition

[] Advance diet as tolerated
Once, Starting today
Target Diet: ________________________REQUIRED
Post-op
[] Diet NPO
Diet effective now, Starting today
NPO Except:
Diet Comments:
Post-op
### PHYSICIAN ORDERS

**Radioactive Prostate Seed Implant**

**Postoperative**

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#### PATIENT INFORMATION

**Franciscan Health System**

St. Joseph Medical Center  
St. Francis Hospital - St. Clare Hospital  
St. Elizabeth Hospital - St. Anthony Hospital  
Highline Medical Center  
Harrison Medical Center  
Franciscan Medical Group  
Harrison HealthPartners  
Regional Hospital

**Provider Initial:**

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Radioactive Prostate Seed Implant  
Postoperative  
[90400808]
<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice pack to perineum</td>
<td>Routine, As needed, Starting today. Type: Ice to affected area. Post-op.</td>
</tr>
<tr>
<td>Strain all urine</td>
<td>Routine, Until discontinued, Starting today. Strain all urine and save any passed seeds in provided container. If any seeds are passed notify the radiation oncology physicist. Post-op.</td>
</tr>
<tr>
<td>Special Precautions</td>
<td>Routine, Until discontinued, Starting today. All patient’s hospital linen, retention catheter, and drainage bag must be checked with the Geiger counter for dislodged seeds. If time of patient discharge is after hours, all items are to be set aside in a holding area and labeled with a Radiation Hazard sign until surveyed. Post-op.</td>
</tr>
<tr>
<td>Special Precautions</td>
<td>Routine, Until discontinued, Starting today. Do not release patient’s room until surveyed by appropriate Radiation Safety personnel. Post-op.</td>
</tr>
</tbody>
</table>

**Medications**

**Oral Analgesia**
Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next. If orders are not numbered, the nurse will contact the prescriber for clarification.

- [ ] oxyCODONE-acetaminophen (PERCOCET) tablet 5-325 mg 1-2 tablet, Oral, Every 4 hours PRN, other, pain, Post-op. Pain Option: 1 - First option for pain relief. Routine.
- [ ] HYDROcodone-acetaminophen (VICODIN) tablet 5-325 mg 1-2 tablet, Oral, Every 4 hours PRN, other, pain, Post-op. Pain Option: 2 - Second option for pain relief. Routine.

**Other**

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Date: _____ Time: ______ Printed Name of Ordering Provider: ____________________________

Provider Signature: ____________________________

Date: _____ Time: ______ RN Acknowledged: ____________________________

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Provider Initial: ____________________________

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