If appropriate for patient condition, please consider the following order sets:
Electrolyte Replacement - Med Surg, Med Surg Tele #842

**Height**
**Weight**
**Allergies**

### General

<table>
<thead>
<tr>
<th>Level of Care (Single Response)</th>
<th>Diagnosis:</th>
<th>Expected length of stay (days):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit to Inpatient</td>
<td></td>
<td>Required</td>
</tr>
<tr>
<td>Refer to Observation</td>
<td></td>
<td>Required</td>
</tr>
</tbody>
</table>

### SAH, SCH, SFH, SJMC & Highline Code Status (Single Response) **REQUIRED**

<table>
<thead>
<tr>
<th>Code Status</th>
<th>This code status was determined by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full code</td>
<td></td>
</tr>
<tr>
<td>Full treatment WITH intubation but WITHOUT ACLS</td>
<td></td>
</tr>
<tr>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS</td>
<td></td>
</tr>
<tr>
<td>Comfort Care</td>
<td></td>
</tr>
</tbody>
</table>

### Harrison Code Status (Single Response) **REQUIRED**

<table>
<thead>
<tr>
<th>Code Status</th>
<th>This code status was determined by:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Comfort Care</td>
<td></td>
</tr>
</tbody>
</table>

### Vital Signs

<table>
<thead>
<tr>
<th>Indication: Post-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 hour x (# of occurrences): 4</td>
</tr>
<tr>
<td>Q4 hours x (# of occurrences): 6</td>
</tr>
<tr>
<td>Then: Q8h</td>
</tr>
<tr>
<td>Post-op, Until discontinued, Starting today</td>
</tr>
</tbody>
</table>

**Provider Initial:**
<table>
<thead>
<tr>
<th>PHYSICIAN ORDERS</th>
</tr>
</thead>
</table>
| **Pulse Oximetry, Continuous**  | Routine, Continuous, Starting today  
 |  | Keep O2 saturation greater than or equal to:  
 |  | Post-op  |
| **Cardiac Monitoring**  |  |  |
| [ ] Cardiac monitoring  | Routine, Until discontinued, Starting today, PACU (only)  |
| **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:  
 |  | If nasogastric tube becomes displaced, Post-op  |
| [ ] Notify provider  | Routine, Until discontinued, Starting today  
 |  | Temperature greater than (celsius): 38.5  
 |  | Systolic BP greater than: 180  
 |  | Systolic BP less than: 90  
 |  | Urine output less than (mL/hr): 240  
 |  | If O2 Saturation less than or equal to 91%. If patient has unrelieved pain, Post-op  |
| **Activity**  |  |  |
| [ ] Bed rest  | Routine, Until discontinued, Starting today, Post-op  |
| [ ] Ambulate today  | Routine, 3 times daily, Starting tomorrow, 3 times daily starting in AM, Post-op  |
| **Diet**  |  |  |
| [ ] Diet General  | Diet effective now, Starting today  
 |  | Select/Nonselect:  
 |  | Additional Modifiers: Small Portions  
 |  | Viscosity/Liquids:  
 |  | Texture:  
 |  | Fluid Restriction / day:  
 |  | Supplements:  
 |  | Supplements:  
 |  | Post-op  |
| [ ] Advance diet as tolerated  | Once, Starting today  
 |  | Target Diet:  
 |  | Post-op  |
| [X] Diet NPO  | Diet effective now, Starting today  
 |  | NPO Except:  
 |  | Diet Comments:  
 |  | Post-op  |
| [ ] Diet Liquid  | Diet effective now, Starting today  
 |  | Diet:  
 |  | Additional Modifiers: No Carbonated Beverages  
 |  | Viscosity/Liquids:  
 |  | Post-op  |

Provider Initial: ____________________________
### Nursing Assessments

| Intake and Output | Routine, Every 8 hours, Starting today, Post-op |

### Nursing Interventions

| Tobacco cessation education | Routine, Continuous, Starting today, Post-op |
| Elevate HOB | Routine, Continuous, Starting today, Post-op |
| Elevate HOB. Specify degrees: 30 |
| Dressing | Routine, As needed, Starting today, Post-op |
| Dressing | Routine, Continuous, Starting today, Post-op |
| Dressing | Routine, Until discontinued, Starting today, Post-op |
| Dressing | Routine, Until discontinued, Starting today, Post-op |
| Do not reinsert NG tube | Routine, Until discontinued, Starting today, Post-op |
| Do not manipulate NG tube | Routine, Until discontinued, Starting today, Post-op |
| Discontinue existing retention catheter | Routine, Once, Starting today, Post-op |
| Continue Retention Catheter Panel (post-op) | Routine, Until discontinued, Starting today, Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op |
| Continue existing retention catheter | Routine, Until discontinued, Starting today, Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op |
| Urinalysis with culture, if indicated | Routine, Once, Starting today, Obtain UA-R prior to 48 hours post-insertion, Post-op |
| Retention Catheter Panel Post-Op | Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention, Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op |
| Insert Foley Catheter | Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention, Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op |
| Urinalysis with culture, if indicated, upon insertion | Routine, Daily, Starting today, Include Now For 2 Occurrences, Obtain a UA-R upon insertion and repeat UA-R prior to 48 hours post-insertion, Post-op |
| Straight cath | Routine, As needed, Starting today, Every 4-6 hours PRN inability to void or feelings of discomfort/distention, Post-op |
| Incentive spirometry nursing | Routine, As needed, Starting today, Post-op |
| Oxygen therapy | Routine, Continuous, Starting today, Use protocol: O2 Delivery Method: __________________________ Required |
| Oxygen therapy | Titrate to saturation of: 92% |
| Oxygen therapy | Indications for O2: Hypoxemia |
| Oxygen therapy | Indicate LPM/FiO2: |
| Oxygen therapy | Post-op |

---

**Provider Initial:**

**Nissen Fundoplication Postoperative**

[30400850]
Inpatient consult to FIT Hospitalist
- Reason for Consult? ___________________________ Required
- RN/Secretary to contact the consulting provider? ________ Required
- Post-op

Inpatient consult to Sound Hospitalist
- Reason for Consult? ___________________________ Required
- RN/Secretary to contact the consulting provider? ________ Required
- Post-op

Inpatient consult to Group Health Hospitalist
- Reason for Consult? ___________________________ Required
- RN/Secretary to contact the consulting provider? ________ Required
- Post-op

Ancillary Consults

[X] Registered Dietician
- Reason for Consult? Post-op

Labs

Chemistry
- BMP
  - Morning draw, Starting today For 1 Occurrences, Post-op
- Magnesium
  - Morning draw, Starting today For 1 Occurrences, Post-op
- Phosphorus
  - Morning draw, Starting today For 1 Occurrences, Post-op

Hematology
- Platelet count
  - Once, Starting today, Post-op
- CBC and differential
  - Morning draw, Starting today For 1 Occurrences, Post-op

Imaging

[X] X-ray chest PA and lateral
- Routine, 1 time imaging, Starting today For 1 Occurrences
  - Reason for Exam: ___________________________ Required
  - Is the patient pregnant? ________ Required
  - Reason for Exam (USE SIGNS AND SYMPTOMS):
    - Transport Mode: 
    - Transport Mode: Bed
  - Post-op

[X] X-ray chest AP portable in PACU
- Routine, 1 time imaging, Starting today For 1 Occurrences
  - Reason for Exam: ___________________________ Required
  - Is the patient pregnant? ________ Required
  - Reason for Exam (USE SIGNS AND SYMPTOMS):
    - Transport Mode: 
    - Transport Mode: Bed

Barium swallow in the AM to check for obstruction
- Routine, 1 time imaging, Starting tomorrow For 1 Occurrences
  - Check with attending physician prior to sending patient to Radiology
  - Reason for Exam: ___________________________ Required
  - Is the patient pregnant? ________ Required
  - Reason for Exam (USE SIGNS AND SYMPTOMS):
    - Transport Mode: 
    - Transport Mode: Bed

VTE Prophylaxis

SAH, SCH, SFH, SJMC & Harrison Post-op VTE Prophylaxis Mechanical

[X] Apply sequential compression device
- Routine, Until discontinued, Starting today
  - Apply sequential compression device:
  - Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis, please see SCIP guidelines, Post-op

Provider Initial: ___________________________
| Place TED hose | Routine, Until discontinued, Starting today, Post Op Stocking type: ______________________________ Required Leg choice: __________________________ |
| Reason for No VTE Prophylaxis (Mech) | Reason for no VTE prophylaxis (mechanical): ______________________________ Required Note to provider: Reason required to be in compliance with CMS SCIP guidelines. |

### Highline Post-op VTE Prophylaxis Mechanical

- **Place sequential compression device**
  - Routine, Until discontinued, Starting today
  - Apply sequential compression device: Both Legs
  - Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis, please see SCIP guidelines, PACU & Post-op

- **Reason for No VTE Prophylaxis (Mech)**

### Post-op VTE Prophylaxis Pharmacological

**If mechanical prophylaxis contraindicated, MUST order pharmacologic prophylaxis.**

- **heparin (porcine) injection 5,000 units/mL**
  - 5,000 Units, SubCutaneous, Every 8 hours, Starting tomorrow
  - Pharmacy: Time of first dose of enoxaparin, Heparin, or other anticoagulant to be given within 18 hours after anesthesia end time
  - Routine

- **enoxaparin (LOVENOX) injection 40 mg**
  - 40 mg, SubCutaneous, Daily, Starting tomorrow
  - Pharmacy: Time of first dose of enoxaparin, Heparin, or other anticoagulant to be given within 18 hours after anesthesia end time
  - Routine

- **Reason for No VTE Prophylaxis (Pharm)**

### IV Fluids

**Post-op IV Fluids**

- **dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion**
  - 100 mL/hr, IntraVenous, Continuous, Post-op
  - Discontinue IVF when tolerating oral fluids. Routine

- **dextrose 5 % and sodium chloride 0.9 % with KCl 20 mEq/L infusion**
  - 100 mL/hr, IntraVenous, Continuous, Post-op
  - Discontinue IVF when tolerating oral fluids. Routine

- **lactated ringers (LR) infusion**
  - 100 mL/hr, IntraVenous, Continuous, Post-op
  - Discontinue IVF when tolerating oral fluids. Routine

- **sodium chloride 0.9% (NS) infusion**
  - 100 mL/hr, IntraVenous, Continuous, Post-op
  - Discontinue IVF when tolerating oral fluids. Routine

### Medications

**Post-op Med Nursing Communication**

- **Nurse may initiate OTC Pt Care Products**
  - Routine, As needed, Starting today, Nurse may initiate OTC Pt Care Products Physician Order #767, Post-op

---

**Provider Initial:______________**
## Glucose Management Team

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose to be managed by</td>
<td></td>
</tr>
<tr>
<td>Nursing communication</td>
<td>Routine, Until discontinued, Starting today, Surgeon to handle glucose management., Post-op</td>
</tr>
<tr>
<td>Inpatient consult to FIT Hospitalian</td>
<td>Reason for Consult? consult glucose management RN/Secretary to contact the consulting provider? _____ Required Post-op</td>
</tr>
<tr>
<td>Inpatient consult to Sound Hospitalian</td>
<td>Reason for Consult? Consult Glucose Management RN/Secretary to contact the consulting provider? _____ Required Post-op</td>
</tr>
<tr>
<td>Inpatient consult to Group Health Hospitalist</td>
<td>Reason for Consult? consult glucose management RN/Secretary to contact the consulting provider? _____ Required Post-op</td>
</tr>
<tr>
<td>Inpatient consult to Community Health Care</td>
<td>Reason for Consult? consult glucose management RN/Secretary to contact the consulting provider? _____ Required Post-op</td>
</tr>
</tbody>
</table>

## Glucose Management Post-op

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1c</td>
<td>Once, Starting today, Post-op</td>
</tr>
<tr>
<td>POCT glucose</td>
<td>Routine, 4 times daily after meals and at bedtime, Starting today, Post-op</td>
</tr>
</tbody>
</table>

### Hypoglycemia Protocol Post-op Panel

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycemia Protocol (Blood glucose less than 70 mg/dL)</td>
<td>Routine, As needed, Starting today, 1. If patient awake and able to take PO-give 4 oz of clear regular soda (i.e. Sprite) 2. If patient awake and unable to take PO-give 25 ml 50% dextrose in water (D50W) IV push 3. If patient obtunded (due to hypoglycemia)-give 50 ml 50% dextrose in water (D50W) IV push 4. Recheck blood glucose in 15 minutes. If blood glucose less than 70 mg/dL, repeat above treatment. Recheck blood glucose every 30 minutes until greater than or equal to 80 mg/dL. 5. If glucose remains less than 70 mg/dL after 2 doses of soda/dextrose, then notify provider, Post-op</td>
</tr>
<tr>
<td>Dextrose 50 % IV</td>
<td>25-50 mL, IntraVENous, As needed, low blood sugar, low blood sugar, Post-op 1. If patient awake and unable to take PO-give 25 ml 50% dextrose in water (D50W) IV push. 2. If patient obtunded (due to hypoglycemia)-give 50 ml 50% dextrose in water (D50W) IV push. Routine</td>
</tr>
</tbody>
</table>
**Insulin Regular Correction Scale (NovoLIN R) Post-op (Single Response)**

**CHOOSE ONE**

<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Injection Site</th>
<th>Dose</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Dose</strong></td>
<td>Sub-Cutaneous</td>
<td>2-10 units</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.</td>
</tr>
<tr>
<td><strong>Medium Dose</strong></td>
<td>Sub-Cutaneous</td>
<td>3-15 units</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.</td>
</tr>
<tr>
<td><strong>High Dose</strong></td>
<td>Sub-Cutaneous</td>
<td>4-18 units</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours.</td>
</tr>
</tbody>
</table>

**Blood Sugar [mg/dL]**

- **Low Dose - Total Daily Dose**
  - Under 40 Units/Day
    - 150-200: 2 units
    - 201-250: 4 units
    - 251-300: 6 units
    - 301-350: 8 units
  - Over 350: Notify MD

- **Medium Dose - Total Daily Dose**
  - Dose 40 - 80 Units/Day
    - 150-200: 3 units
    - 201-250: 6 units
    - 251-300: 9 units
    - 301-350: 12 units
  - Over 350: Notify MD

- **High Dose - Total Daily Dose**
  - Dose Over 80 Units/Day
    - 150-200: 4 units
    - 201-250: 8 units
    - 251-300: 11 units
    - 301-350: 15 units
  - Over 350: Notify MD

**Will this be administered via an insulin pump?**

- **Routine**
  - Low Dose: 2 units
  - Medium Dose: 3 units
  - High Dose: 4 units

---

**Nissen Fundoplication Postoperative**

**Patient Information**
<table>
<thead>
<tr>
<th>PHYSICIAN ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER INITIAL:______________</td>
</tr>
<tr>
<td>Page 8 of 10</td>
</tr>
</tbody>
</table>

**Insulin Aspart Correction Scale (NovoLOG) Post-op (Single Response)**

**CHOOSE ONE**

- **insulin aspart (NovoLOG) injection (LOW DOSE SUB-Q SCALE)**
  - **Blood Sugar [mg/dL]**
    - **Low Dose - Total Daily Dose**
    - **Under 40 Units/Day**
      - 150-200: 2 units
      - 201-250: 4 units
      - 251-300: 6 units
      - 301-350: 8 units
    - Over 350-Notify MD: 10 units
  - **Will this be administered via an insulin pump?**
    - Routine

- **insulin aspart (NovoLOG) injection (MEDIUM DOSE SUB-Q SCALE)**
  - **Blood Sugar [mg/dL]**
    - **Medium Dose - Total Daily Dose**
    - **Dose 40 - 80 Units/Day**
      - 150-200: 3 units
      - 201-250: 6 units
      - 251-300: 9 units
      - 301-350: 12 units
    - Over 350-Notify MD: 15 units
  - **Will this be administered via an insulin pump?**
    - Routine

- **insulin aspart (NovoLOG) injection (HIGH DOSE SUB-Q SCALE)**
  - **Blood Sugar [mg/dL]**
    - **High Dose - Total Daily Dose**
    - **Dose Over 80 Units/Day**
      - 150-200: 4 units
      - 201-250: 8 units
      - 251-300: 11 units
      - 301-350: 15 units
    - Over 350-Notify MD: 18 units
  - **Will this be administered via an insulin pump?**
    - Routine

**Post-op Prophylactic Antibiotic**

- **ceFAZolin (ANCEF) IV**
  - 1 g, IntraVENous, Every 8 hours interval, For 2 Doses, PACU & Post-op
  - 2 doses total
  - Routine

- **ceFAZolin (ANCEF) IV (for patients greater than 80 kg)**
  - 2 g, IntraVENous, Every 8 hours interval, For 2 Doses, PACU & Post-op
  - 2 doses total. For patients greater than 80 kg.
  - Routine
Harrison Pharmacy Consult - SCIP antibiotics

<table>
<thead>
<tr>
<th>Physician Orders</th>
<th>ROUTINE</th>
</tr>
</thead>
</table>
| **PATIENT INFORMATION** | | }

**Harrison Pharmacy Consult**

**PHYSICIAN ORDERS**

**Nissen Fundoplication Postoperative**

| Provider Initial: | | }

**Post-op Antibiotic**

**Penicillin Allergic PLUS Documented Beta-Lactam Allergy**

1. **vancomycin (VANCOCIN) IVPB 250 mL (base)**
   - 1,000 mg, IntraVENous, Every 12 hours interval, Starting H+12 Hours, For 1 Doses, Post-op
   - If Penicillin allergic PLUS Documented Beta-Lactam allergy.
   - Start 12 hours after preoperative dose
   - Indication for Use: (trough goal in parenthesis): __ Required

**Post-op Analgesia**

- Note: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next, and then #3, #4 etc. If orders are not numbered, the nurse will contact the prescriber for clarification.
- (When pain is under control and patient tolerating oral intake, trial oral pain medications)
- Consider using Patient Controlled Analgesia (PCA) Physician Order # 564. No additional IV/IM analgesia while on PCA. Discontinue PCA when tolerating PO pain medications.

1. **oxyCODONE-acetaminophen (ROXICET) solution 5-325 mg/5mL**
   - 5-10 mL, Oral, Every 4 hours PRN, pain, Post-op
   - Pain Option: 1 - First option for pain relief

2. **HYDROCODONE-ACETAMINOPHEN 2.5 MG-167 MG/5 ML ELIXIR**
   - 10-20 mL, Oral, Every 4 hours PRN, Pain, Post-op
   - Not to exceed 90 ml per 24 hours.
   - Pain Option: 2 - Second option for pain relief.

3. **ketorolac (TORADOL) injection**
   - 15 mg, IntraVENous, Every 6 hours, For 24 Hours, Post-op
   - Then discontinue. Maximum 4 dose. (Consider renal function, chest tube output, and bleeding disorders)

**Post-op Acid Reduction**

1. **famotidine (PEPCID) IV syringe**
   - 20 mg, IntraVENous, at 300 mL/hr, 2 times daily, Post-op
   - Until taking liquids, then discontinue. Renal dosing per Pharmacy Routine

2. **famotidine (PEPCID) tablet**
   - 20 mg, Oral, 2 times daily, Post-op
   - When taking PO. Renal dosing per Pharmacy Routine

**Post-op Antiemetic (Single Response)**

- Must Choose ONE Regimen from below, either Scheduled or PRN

1. **Post-op Ondansetron (Zofran)-Metoclopramide Panel**
   - ()
   - **Post-op Ondansetron (ZOFTRAN) 4 mg/2 mL injection**
     - 8 mg, IntraVENous, Every 8 hours, For 48 Hours, Post-op, Routine
   - **metoclopramide (REGLAN) injection**
     - 10 mg, IntraVENous, Every 6 hours, For 48 Hours, Post-op, Routine

2. **Post-op Ondansetron - Promethazine Panel**
   - ()
   - **ondansetron (ZOFTRAN) 4 mg/2 mL injection**
     - 4-8 mg, IntraVENous, Every 6 hours PRN, nausea, vomiting, Post-op, Routine

- **Provider Initial:**
promethazine (PHENERGAN) 25 mg/mL injection  
6.25-12.5 mg, IntraVenous, Every 4 hours PRN, nausea, vomiting, Post-op
Use 6.25-12.5 mg IV for patients age 65 and over. Give ondansetron first. If ineffective give promethazine. Routine

promethazine (PHENERGAN) 25 mg/mL injection  
12.5-25 mg, IntraVenous, Every 4 hours PRN, nausea, vomiting, Post-op
Give ondansetron first. If ineffective give promethazine. Routine

Post-op Bowel Program

docusate (COLACE) liquid 50 mg/5mL  
100 mg, Oral, 2 times daily, Post-op, Routine

senna leaf extract syrup 176 mg/5 mL  
176 mg, Oral, Nightly, Post-op, Routine

Nicotine Replacement

The nicotine products listed below may be used as monotherapy or in combination therapy. Combination therapy should include a nicotine patch plus either nicotine gum or nicotine lozenges.

Cigarettes per Day  Recommended Starting Dose
Less than 5 Cigarettes per Day  ¼ pack) Nicotine patch, 7mg
6 to 10 Cigarettes per Day ½ pack) Nicotine patch, 14 mg
11-25 Cigarettes per Day (1 Pack) Nicotine patch, 21 mg
Less than 25 Cigarettes per Day Nicotine Gum, 2mg
More than 25 Cigarettes per Day Nicotine Gum, 4mg
1st cigarette within 30 min of waking Nicotine Lozenge, 2mg
1st cigarette after 30 min of waking Nicotine Lozenge, 4mg

nicotine (NICODERM CQ) 7 mg patch  
1 patch, TransDermal, for 24 Hours, Daily, Post-op
Apply a new patch every 24 hours to a clean, dry, hairless site on the upper arm or hip. Routine

nicotine (NICODERM; HABITROL) 14 mg patch  
1 patch, TransDermal, for 24 Hours, Daily, Post-op
Apply a new patch every 24 hours to a clean, dry, hairless site on the upper arm or hip. Routine

nicotine (NICODERM; HABITROL) 21 mg patch  
1 patch, TransDermal, for 24 Hours, Daily, Post-op
Apply a new patch every 24 hours to a clean, dry, hairless site on the upper arm or hip. Routine

nicotine polacrilex (NICORETTE) gum  
2 mg, Mouth/Throat, As needed, smoking cessation, Post-op
Chew one piece of gum every hour as needed for nicotine craving. Instruct patients to chew into gum and then place between the cheek and gum to enhance absorption. Maximum 24 pieces per day. Routine