1. ALLERGIES/REACTIONS: ____________________________

2. ☐ INPATIENT CARE
   ☐ Med/Surg   ☐ Med/Surg Tele   ☐ PCU   ☐ ICU

3. ☐ OUTPATIENT CARE:
   ☐ Phase 2, discharge today
   ☐ Extended Recovery (post Phase 2, including overnight)
     ☐ with cardiac monitoring   ☐ without cardiac monitoring

4. ☐ OBSERVATION CARE (where the patient has had an unexpected outcome/event that requires a higher level of monitoring to determine if the patient should be admitted)
   ☐ Outpatient Observation
     ☐ with cardiac monitoring   ☐ without cardiac monitoring

MUST complete REQUIRED documentation on ALL lines below

- Diagnosis/Symptoms/Chief Complaint: ____________________________
  Required: ____________________________
  (Reason for Observation Services)

- Monitor for: ____________________________
  Required: ____________________________
  (Condition(s)/treatment(s) to be monitored or goal for care)

- Notify Provider when: ____________________________
  Required: ____________________________
  (Identify treatment goal and/or criteria for notification or indication(s) that orders have been met)

5. PREFERRED LOCATION (UNIT/SERVICE): ____________________________

6. PROCEDURE: ____________________________

7. NUTRITION: ☐ Regular   ☐ Other: ____________________________

8. ACTIVITY: Up with assistance when able

9. MEDICATIONS:
   ☑ Complete Medication Reconciliation
   ☑ Nursing to complete Nurse Initiated Vaccine Assessment Order #596762
   ☐ Nurse may initiate Over the Counter Patient Care Products Physician Order # 767

Antibiotic Treatment:
   ☐ Postoperative antibiotics required beyond 18 hours for treatment of an ongoing or suspected infection
     (Must specify type of infection and site):

Prophylactic Antibiotics-First dose in PACU (if continued greater than 18 hours, must document suspected or actual infection above)
   ☐ Cefazolin (Ancef) 1 g IV every 8 hours times 2 doses
   ☐ Cefazolin (Ancef) 2 g IV every 8 hours times 2 doses [for patients greater than 80 kg]

PACU RN TO COMPLETE

If PCN Allergic PLUS Documented Beta-Lactam Allergy:
   ☐ Clindamycin 600 mg IV every 8 hours times 2 doses
   ☐ Clindamycin 900 mg IV every 8 hours times 2 doses
     [for patients greater than 100 kg]
   OR
   ☐ Vancomycin 1 g IV 12 hours after preoperative dose times one dose

INDICATION (Documentation Required): ☐ Beta-Lactam allergy   ☐ Other: ____________________________

Beta-Blocker Therapy:
For patients on prior beta-blocker therapy,
begin: ____________________________
(medication, dose, frequency)

If postoperative beta-blocker therapy is not indicated, document reason:
   ☐ Bradycardia (HR less than 50)   ☐ Hypotension (SBP less than/equal to 100 mmHg)
   ☐ Other: ____________________________

Note: Beta-blocker therapy MUST be reassessed for initiation on BOTH POD #1 and POD #2

Physician Initial: ____________________________

Pharmacist – DISCONTINUE antibiotic 18 hours after anesthesia end time and note date/time last antibiotic is to be completed on the MAR

Anesthesia End time: ____________________________
PACU Antibiotic Dose Given at: ____________________________

St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

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PHYSICIAN ORDERS
BREAST SURGERY POSTOPERATIVE
9. MEDICATIONS: (Continued)

Analgesia:
- See Patient Controlled Analgesia (PCA) Physician Order # 564. No additional IV/IM analgesia while on PCA.
- Discontinue PCA when tolerating PO pain medications.
- Initiate On-Q Pain Pump Physician Order #722

[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.]

IV/IM Analgesia:
- Morphine sulfate __________ mg IV every 1 hour or __________ mg IM every 3 hours PRN pain
  Avoid use in renal dysfunction (serum creatinine greater than 2 mg/dL or patient on dialysis)
- Hydromorphone (Dilaudid) __________ mg IV every 1 hour or __________ mg IM every 3 hours PRN pain
  (NOTE: 1 mg hydromorphone = 7 mg morphine. Usual starting dose for hydromorphone is 0.2 – 0.6 mg in opiate naive patients. Patients with prior opiate exposure may tolerate higher initial doses.)

Non-Steroidal Anti-Inflammatory Medications:
- Ketorolac (Toradol) 15 mg IV/IM every 6 hours PRN pain times 24 hours (May use in patients age 65 and over, or weight less than 50 kg)
- Ketorolac (Toradol) 30 mg IV/IM every 6 hours PRN pain times 24 hours (Do not use in patients age 65 and over, or weight less than 50 kg)

DO NOT USE KETOROLAC IF SERUM CREATININE IS GREATER THAN 1.4 MG/DL AND/OR PLATELETS LESS THAN 50,000
- Naproxen (Naprosyn) 250 mg PO every 6 hrs with food or a snack PRN pain. If started within 24 hours postoperatively, discontinue PRN ketorolac order. First dose of naproxen must be given no sooner than 6 hours after last ketorolac dose.

Oral Analgesia: **(When pain is under control and patient tolerating oral intake, trial oral pain medications. If oral trial ineffective discontinue oral trial for 6 hours then retry. If oral medications effective, discontinue IV/IM analgesia.)**
- Oxycodone 5 mg with acetaminophen 325 mg (Percocet 5/325) 1-2 tablets PO every 4 hours PRN pain
  (Not to exceed 9 tablets per 24 hours)
- Hydrocodone 5 mg with acetaminophen 325 mg (Vicodin, Norco) 1-2 tablets PO every 4 hours PRN pain
  (Not to exceed 9 tablets per 24 hours)

Break Through Pain:
If above oral medications are ineffective after 1 hour minimum, use
- Oxycodone 5 mg 1-2 tablets PO every 3 hours PRN pain

Oral Medication for Headache/Fever:
- Acetaminophen (Tylenol) 650 mg PO/PR every 4-6 hours PRN headache/temperature greater than 38° C

LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY

Nausea/Vomiting:
- Ondansetron (Zofran) 4 mg IV every 4 hours PRN nausea/vomiting. (Maximum 24 mg per 24 hours).
  If ondansetron is ineffective, discontinue ondansetron and give promethazine (Phenergan) 12.5-25 mg IV every 4 hours PRN nausea/vomiting. Use 6.25 – 12.5 mg IV for patients age 65 and over.
- Metoclopramide (Reglan) 10 mg IV every 6 hours PRN nausea/vomiting

Nicotine Replacement:
- Nicotine Replacement per Nicotine Replacement Physician Order # 616.
  Provide smoking cessation information and document on education record.

Other Medications:

______________________________
Physician Initial:

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Franciscan Health System
St. Joseph Medical Center, Tacoma, WA
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St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

PHYSICIAN ORDERS
BREAST SURGERY POSTOPERATIVE
9. **MEDICATIONS:** (Continued)

**VTE Prophylaxis:**
- [ ] Heparin 5,000 units subcutaneously every 8 hours
- [ ] Enoxaparin (Lovenox) 40 mg subcutaneously daily, starting POD #1
- [ ] **DO NOT** give Heparin or enoxaparin (Lovenox) due to:
  - [ ] Patient experiencing active bleeding or has bleeding risk
  - [ ] Patient has or has history of heparin induced thrombocytopenia
  - [ ] Other:
- Continue sequential compression device (SCD) to both legs
- **DO NOT** apply sequential compression device due to:
  - [ ] Patient has severe peripheral vascular disease
  - [ ] Patient has lower extremity trauma
  - [ ] Other:

**PHARMACIST:**
Time of first dose of enoxaparin, Heparin, or other anticoagulant to be given within 18 hours after anesthesia end time

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**IF PATIENT HAS INdwELLING EPIDURAL CATHETER IN PLACE AND ENOXAPARIN OR FRAGMIN IS ORDERED, REFER TO EPIDURAL ORDERS**

- [ ] Continue sequential compression device (SCD) to both legs
- **DO NOT** apply sequential compression device due to:
  - [ ] Patient has severe peripheral vascular disease
  - [ ] Patient has lower extremity trauma
  - [ ] Other:

- [ ] Apply Antiembolic (AE) Stockings:
  - [ ] Knee length
  - [ ] Thigh length

10. **GLUCOSE MANAGEMENT:**

   a. Baseline Hgb A1C (do not draw if patient received blood transfusion within 3 months)
   - [ ] Correction Subcutaneous Insulin: **Provider to Check Insulin Choice AND Dosing Level**
     - [ ] Regular Insulin (Novolin R/Humulin R)
     - [ ] Insulin Aspart (Novolog)/Insulin Lispro (Humalog)
   - [ ] Fingerstick blood glucose before meals and at bedtime or if NPO check every 6 hours
     - [ ] If fingerstick blood glucose greater than 180 mg/dL times 2 consecutive checks increase correction insulin scale to next higher dose.
     - [ ] When at high dose insulin and if blood glucose remains greater than 180 mg/dL, contact physician to transition patient to Glycemic Control- Insulin Infusion Physician Order #824 or Glycemic Control- Subcutaneous Addendum Physician Order #825.

<table>
<thead>
<tr>
<th>Blood Glucose (mg/dL)</th>
<th>□ Low Dose for Total Daily Dose less than 40 Units/Day</th>
<th>□ Medium Dose for Total Daily Dose 40-80 Units/Day</th>
<th>□ High Dose for Total Daily Dose greater than 80 Units/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-200</td>
<td>2 units</td>
<td>3 units</td>
<td>4 units</td>
</tr>
<tr>
<td>201-250</td>
<td>4 units</td>
<td>6 units</td>
<td>8 units</td>
</tr>
<tr>
<td>251-300</td>
<td>6 units</td>
<td>9 units</td>
<td>11 units</td>
</tr>
<tr>
<td>301-350</td>
<td>8 units</td>
<td>12 units</td>
<td>15 units</td>
</tr>
<tr>
<td>Greater than 350</td>
<td>10 units</td>
<td>15 units</td>
<td>18 units</td>
</tr>
<tr>
<td></td>
<td>Notify MD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. [ ] **HYPOGLYCEMIA PROTOCOL** (Blood glucose less than 70 mg/dL):
   - [ ] If patient awake and able to take PO – give 4 oz of clear regular soda (i.e. Sprite)
   - [ ] If patient awake and unable to take PO – give 25 ml (1/2 amp) 50% dextrose in water (D50W) IV push
   - [ ] If patient obtunded (due to hypoglycemia) – give 50 ml (1 amp) 50% dextrose in water (D50W) IV push
   - [ ] 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.
   - [ ] If glucose remains less than 70 mg/dL after 2 doses of soda/dextrose, then notify provider

C. [ ] **Surgeon to handle glucose management**
   - OR
   - [ ] Hospitalist to consult for glucose management
     - [ ] FIT
     - [ ] GHC
     - [ ] CHC

Physician Initial: ____________________________
11. **INTRAVENOUS FLUIDS:**

Follow current IV with:

- □ Lactated ringers (LR) at _______ ml/hour
- □ 5% dextrose in 0.45% sodium chloride (D5-1/2 Normal Saline) at _______ ml/hour
- □ 5% dextrose in 0.9% sodium chloride (D5-Normal Saline) at _______ ml/hour
- □ 0.9% sodium chloride (Normal Saline) at _______ ml/hour
- □ 0.45% sodium chloride (1/2 Normal Saline) with 20 mEq KCl at _______ ml/hour
- □ Discontinue IV fluids when adequate PO intake
- □ Maintain Saline lock

12. **TREATMENT:**

- □ Vital signs per unit protocol
- □ No intravenous line or blood pressure cuff on □ Right Arm □ Left Arm
- □ Reinforce dressing PRN
- □ Ice to incision times 24 hours
- □ Surgical drain: _______ Type, empty three times daily and record output
- □ Discontinue existing retention catheter on POD #1
- □ Discontinue existing retention catheter on POD #2
- □ Continue existing retention catheter. Obtain UAR (Urinalysis with culture if indicated) prior to 48 hours post insertion. Initiate Medical Staff Approved Urinary Catheter Protocol #967.00.
- □ Straight cath every 4 – 6 hours PRN inability to void or feelings of discomfort/distention
- □ Insert retention catheter PRN inability to void or feelings of discomfort/distention. Obtain UAR (Urinalysis with culture if indicated) and repeat UAR prior to 48 hours post insertion. Initiate Medical Staff Approved Urinary Catheter Protocol # 967.00.

- □ Other: ____________________________________________________________

13. **DISCHARGE:**

- □ Patient may be discharged after discharge criteria are met
- □ Physician to see patient in the morning prior to discharge
- □ Follow up with Dr. _____________________________________ on ________________________________

14. **DISCHARGE INSTRUCTIONS FOR PATIENT:**

- □ May use arm for normal activity □ Limited arm use: __________________________
- □ Wear below-the-knee antiembolic stockings for 2 weeks
- □ Stay wrapped until seen in office
- □ Wear bra, even to bed, times 72 hours or for comfort
- □ Ice to incision times 24 hours
- □ Dressing instructions: __________________________________________________
- □ Surgical drain care instructions: __________________________________________
- □ Dermabond dressing: NO shower for 3 days
- □ Other: __________________________________________________________________

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**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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**DATE** | **TIME** | **PHYSICIAN’S SIGNATURE**
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Another brand of drug, identical in form and content, may be dispensed unless checked. □