If appropriate for patient condition, please consider the following order sets:
- Glycemic Control - Insulin Infusion #824
- Glycemic Control - Subcutaneous Addendum #825
- Postoperative Continuous Epidural Analgesia #551

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Allergies</th>
</tr>
</thead>
</table>

### General

**Level of Care** | [195028]

- [ ] Admit to Inpatient [ADT1]
  - Diagnosis: [REQUIRED]
  - Estimated length of stay:
  - Certification: I reasonably expect the patient will require inpatient services that span a period of time over two-midnights. (See Rationale Section in the order for options) Additional documentation will be found in progress notes and admission history and physical.
  - Must be completed by Physician for Inpatient Admissions: Rationale for Inpatient Admission:
  - Plans for post hospital care: See Discharge Summary/Progress Note
  - Level of Care: [ ]

- [ ] Refer to Observation [ADT12]
  - Diagnosis: [REQUIRED]
  - Monitor for:
  - Notify provider when:
  - Level of Care: [ ]

- [ ] Continue Outpatient Services (including extended recovery) [NUR151]
  - Outpatient Options: [ ]
  - Diagnosis: [ ]

### SAH, SCH, SFH, SJMC & Highline Code Status  (Single Response) [123416]

- ( ) Full code [COD2]
  - This code status was determined by: Post-op

- ( ) Full treatment WITH intubation but WITHOUT ACLS [COD3]
  - This code status was determined by: Post-op,
  - - Initiate Code Blue for management of airway in the presence of a primary respiratory event
  - - Therapeutic plan is otherwise unaltered
  - - Transfer to critical care if indicated

**Provider's Initial:** _________
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Required Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>COD4</td>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS (COD4)</td>
<td>This code status was determined by: Post-op, - Do NOT initiate Code Blue - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated.</td>
</tr>
<tr>
<td>COD1</td>
<td>Comfort Care (COD1)</td>
<td>This code status was determined by: Post-op, 1) Provider must complete comfort care orders #668 2) RN or designee to place a purple wristband on Patient 3) Do NOT initiate Code Blue 4) Do NOT transfer to higher level of care</td>
</tr>
<tr>
<td>COD2</td>
<td>Full code (COD2)</td>
<td>This code status was determined by: Post-op.</td>
</tr>
<tr>
<td>COD3</td>
<td>Full treatment WITH intubation but WITHOUT ACLS (COD3)</td>
<td>This code status was determined by: Post-op, - Initiate Code Blue for management of airway in the presence of a primary respiratory event - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated.</td>
</tr>
<tr>
<td>COD4</td>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS (COD4)</td>
<td>This code status was determined by: Post-op, - Do NOT initiate Code Blue - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated.</td>
</tr>
</tbody>
</table>

SAH, SCH, SFH, SJMC & Highline Code Status (Single Response) [132250]

- Full code (COD2)
- Full treatment WITH intubation but WITHOUT ACLS (COD3)
- Full treatment WITHOUT intubation and WITHOUT ACLS (COD4)
- Comfort Care (COD1)

Provider’s Initial: __________
<table>
<thead>
<tr>
<th>Harrison Code Status  (Single Response) [171271]</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Full code [COD2] REQUIRED</td>
</tr>
<tr>
<td>This code status was determined by: Post-op</td>
</tr>
<tr>
<td>( ) Full treatment WITH intubation but WITHOUT ACLS [COD3] REQUIRED</td>
</tr>
<tr>
<td>This code status was determined by: Post-op, - Initiate Code Blue for management of airway in the presence of a primary respiratory event - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated</td>
</tr>
<tr>
<td>( ) Full treatment WITHOUT intubation but WITH ACLS [COD9] REQUIRED</td>
</tr>
<tr>
<td>This code status was determined by: Post-op, - Initiate Code Blue for management of cardiac arrhythmias in the presence of a primary cardiac event - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated</td>
</tr>
<tr>
<td>( ) Full treatment WITHOUT intubation and WITHOUT ACLS [COD4] REQUIRED</td>
</tr>
<tr>
<td>This code status was determined by: Post-op, - Do NOT initiate Code Blue - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated</td>
</tr>
<tr>
<td>( ) Comfort Care [COD1] REQUIRED</td>
</tr>
<tr>
<td>This code status was determined by: Post-op, 1) Provider must complete comfort care orders #668 2) RN or designee to place a purple wristband on Patient 3) Do NOT initiate Code Blue 4) Do NOT transfer to higher level of care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harrison Code Status  (Single Response) [171272]</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Full code [COD2] REQUIRED</td>
</tr>
<tr>
<td>This code status was determined by: Post-op</td>
</tr>
<tr>
<td>( ) Full treatment WITH intubation but WITHOUT ACLS [COD3] REQUIRED</td>
</tr>
<tr>
<td>This code status was determined by: Post-op, - Initiate Code Blue for management of airway in the presence of a primary respiratory event - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated</td>
</tr>
</tbody>
</table>

Provider's Initial: ____________
<table>
<thead>
<tr>
<th>Code Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COD9</td>
<td>Full treatment WITHOUT intubation but WITH ACLS</td>
</tr>
<tr>
<td>COD4</td>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS</td>
</tr>
<tr>
<td>COD1</td>
<td>Comfort Care</td>
</tr>
</tbody>
</table>

### Activity [120764]

- [ ] Ambulate Progressive [NUR804] Routine, Until discontinued, Starting S, Post-op
- [ ] Up with assistance when able [NUR131] Routine, As needed, Post-op
- [ ] Up with assistance [NUR131] Routine, As needed, Post-op
- [ ] Up in chair [NUR802] Routine, Until discontinued, Starting S, Post-op
- [X] Activity as tolerated [NUR129] Routine, Until discontinued, Starting S, Post-op
- [ ] Strict Bed rest [NUR162] Routine, Until discontinued, Starting S, Post-op
- [ ] Bed rest [NUR162] Routine, Until discontinued, Starting S, Post-op
- [ ] May Sit/Stand to void [NUR800] Routine, Until discontinued, Starting S, Post-op
- [ ] Patient may shower [NUR550] Routine, Until discontinued, Starting S, Post-op
- [ ] Elevate HOB [NUR51] Routine, Until discontinued, Starting S, Post-op
- [ ] Ambulate patient [NUR11] Routine, Every shift, Starting POD #1, Post-op
- [ ] Bathroom privileges [NUR158] Routine, Until discontinued, Starting S, Post-op
- [ ] Ambulate patient [NUR11] Routine, Every shift, 2X per shift., Post-op

**Provider's Initial:** __________
| [ ] | Stand and walk day of surgery [NUR185] | Routine, Until discontinued, Starting S, Post-op |
| [ ] | Out of bed as tolerated [NUR185] | Routine, Until discontinued, Starting S, Post-op |
| [ ] | Dangle at bedside in 0-6 hours [NUR44] | Routine, Once, Post-op |

Diet [131028]

| [X] | Advance diet as tolerated [DNS10] | REQUIRED |
|     | Once Target Diet: Post-op |

| [ ] | Diet NPO [DIET41] | Diet effective now, Starting S NPO Except: Diet Comments: Until swallow screen completed by nursing Post-op |

| [ ] | Diet NPO [DIET41] | Diet effective now, Starting S NPO Except: Diet Comments: |

| [ ] | Diet General [DIET24] | REQUIRED |

| [ ] | Diet Cardiac [DIET44] | REQUIRED |

Provider's Initial: ___________
Extracorporeal Shock Wave Lithotripsy (ESWL) Postoperative

PATIENT INFORMATION

Diet Diabetic [DIET16]

- Diet effective now, Starting S
- Diet, Diabetic:
- Select/Nonselect:
- Additional Modifiers:
- Viscosity/Liquids:
- Texture:
- Fluid Restriction / day:
- Supplement:
- Diet Comments:
- Post-op

Vital Signs [128473]

Frequent vital signs [NUR2069]

- Indication:
  - Q15 minutes x (# of occurrences):
  - Q30 minutes x (# of occurrences):
  - Q1 hour x (# of occurrences):
  - Q2 hours x (# of occurrences):
  - Q4 hours x (# of occurrences):
- Then:
- Post-op, Until discontinued, Starting S

Vital signs [NUR490]

- Routine, Every 4 hours, Per unit routine., Post-op

SCIP Urinary Catheter Orders (Single Response) [205085]

- Discontinue existing retention catheter [NUR2055]
  - Routine, Once For 1 Occurrences
  - Post Op Day: POD #1
  - Post-op

- Continue Catheter [NUR697]
  - Routine, Until discontinued, Starting S, Initiate Medical Staff Approved Urinary Catheter Protocol

- Catheter was not placed Intra-Operatively [NUR172585]
  - Routine, Until discontinued, Starting S

Provider’s Initial: ________
### Nursing Interventions [128877]

| [X] Insert urinary retention catheter [NUR380] | Routine, As needed  
Type of Catheter: Insert as needed for inability to void or feelings of discomfort or distention.  
Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op |
| [X] Irrigate catheter [NUR381] | Routine, Once, Irrigate with 0.9 sodium chloride as needed for clots, Post-op |
| [] Strain all urine [NUR386] | Routine, Until discontinued, Starting S, and save fragments in dry container, Post-op |
| [] Instruct patient in the use of leg bag [NUR593] | Routine, Once, Post-op |
| [] Instruct patient in how to discontinue catheter [NUR593] | Routine, Once, Post-op |

### Physician Consults [131029]

| [] Inpatient consult to FIT Hospitalist [CON25] | Reason for Consult?  
RN/Secretary to contact the consulting provider? Yes |
| [] Inpatient consult to Sound Hospitalist [CON251] | Reason for Consult?  
RN/Secretary to contact the consulting provider? |
| [] Inpatient consult to Group Health Hospitalist [CON581] | Reason for Consult?  
RN/Secretary to contact the consulting provider? |
| [] Inpatient consult to Community Health Care Hospitalist [CON601] | Reason for Consult? glucose management  
RN/Secretary to contact the consulting provider? |

### Discharge Instructions - Prior to Discharge [149601]

| [] Discharge instructions [NUR496] | Routine, Once, If stable, patient may be discharged when discharge criteria met, Post-op |
| [] Discharge instructions [NUR496] | Routine, Once, Post-op |
| [] Nursing communication [NUR185] | Routine, Until discontinued, Starting S, Post-op |

**Provider’s Initial:** _________
<table>
<thead>
<tr>
<th>VTE Prophylaxis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SAH, SCH, SFH, SJMC &amp; Harrison VTE Mechanical Prophylaxis [121987]</td>
<td></td>
</tr>
<tr>
<td><strong>[X] Apply / Continue sequential compression device (SCD) to both legs [NUR563]</strong></td>
<td>Routine, Until discontinued, Starting S, Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis, please see SCIP guidelines, Post-op</td>
</tr>
<tr>
<td><strong>[ ] Place TED hose [NUR560]</strong></td>
<td>Routine, Until discontinued, Starting S, Stocking type: Leg choice: Apply antiembolic, Post-op</td>
</tr>
<tr>
<td><strong>[ ] Reason for No VTE Prophylaxis (Mech) [COR101]</strong></td>
<td>Reason for no VTE prophylaxis (mechanical):</td>
</tr>
</tbody>
</table>

| Highline Post-op VTE Prophylaxis Mechanical [171228] |  |
| **[ ] Place sequential compression device [NUR563]** | Routine, Until discontinued, Starting S, 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 (Surgeon) |
| **[ ] Reason for No VTE Prophylaxis (Mech) [COR101]** | Reason for no VTE prophylaxis (mechanical): Note to provider: Reason required to be in compliance with CMS SCIP guidelines |

| VTE Prophylaxis-Anticoagulation [408122950] |  |
| **[ ] Enoxaparin (Lovenox) 40mg [420034]** | 40 mg, SubCutaneous, Daily, Post-op, Subcutaneously daily starting POD #1 [Note to Provider: If patient has indwelling epidural catheter in place and Enoxaparin or Heparin is ordered, refer to epidural orders] |
| **[ ] heparin (porcine) injection 5,000 units/mL [10181]** | 5,000 Units, SubCutaneous, 3 times daily, Post-op, [Note to Provider: If patient has indwelling epidural catheter in place and Enoxaparin and Heparin is ordered, refer to epidural orders] |
| **[ ] Do not give Heparin or Enoxaprin [NUR185]** | Routine, Until discontinued, Starting S, Reason for not prescribing anticoagulation therapy? Post-op |
| **[ ] Reason for No VTE Prophylaxis (Pharm) [COR100]** | Reason for no VTE prophylaxis (pharmacological): |

Provider’s Initial: _______
**IV Fluids**

<table>
<thead>
<tr>
<th>IV Fluids [408131030]</th>
<th>&quot;And&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Saline Lock and flush [408128450]</td>
<td></td>
</tr>
<tr>
<td>[ ] Saline lock IV [7319] 10 mL, IntraVENous, Every 8 hours Flush peripheral lines every shift. Discontinue prior to discharge.</td>
<td></td>
</tr>
<tr>
<td>[X] Discontinue IV [IVT10] Routine, Continuous, When taking fluids., Post-op</td>
<td></td>
</tr>
<tr>
<td>[ ] sodium chloride 0.9% (NS) infusion [27838] 100 mL/hr, IntraVENous, Continuous, Post-op Follow current IV with this. Discontinue IV fluids when taking adequate PO intake.</td>
<td></td>
</tr>
<tr>
<td>[ ] dextrose 5 % and sodium chloride 0.45 % infusion [9814] 100 mL/hr, IntraVENous, Continuous, Post-op Follow current IV with this. Discontinue IV fluids when taking adequate PO intake.</td>
<td></td>
</tr>
<tr>
<td>[ ] sodium chloride 0.9 % with KCl 20 mEq/L infusion [11081] 100 mL/hr, IntraVENous, Continuous, Post-op Follow current IV with this. Discontinue IV fluids when taking adequate PO intake.</td>
<td></td>
</tr>
<tr>
<td>[ ] dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion [9801] 100 mL/hr, IntraVENous, Continuous, Post-op Follow current IV with this. Discontinue IV fluids when taking adequate PO intake.</td>
<td></td>
</tr>
</tbody>
</table>

**Medications**

Harrison Pharmacy Consult - SCIP antibiotics [171242]

| Pharmacy Consult: Antibiotics [CON100] Routine, Once For 1 Occurrences |

Glucose Management Post-Op [408127889]

| Hemoglobin A1c [LAB90] Once, Post-op |
| POCT glucose [POC10] Routine, 4 times daily before meals and at bedtime, Post-op |
| Hypoglycemia Protocol Panel Post-Op [408122980] |

**Provider’s Initial:** __________
**Hypoglycemia Protocol (Blood glucose less than 70 mg/dL) [NUR185]**

Routine, As needed, Starting S,
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

**dextrose 50 % IV [119654]**

25-50 mL, IntraVenous, As needed, low blood sugar, see below, 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.

**Glucagon (human recombinant) (GLUCAGEN) injection [126497]**

1 mg, IntraMuscular, Once, when indicated (remains on MAR), low blood sugar, For blood sugar less than 70 If patient unable to take PO AND no IV access. Give glucagon 1 mg IM x 1 dose only. Turn patient on side as nausea and vomiting frequently occur. Notify provider. Obtain IV access and start D5W if deem appropriate by provider.

**Insulin Regular Correction Scale (Novolin R) Post-op (Single Response) [408127109]**

CHOOSE ONE

( ) insulin regular (NOVOLIN R) injection (LOW DOSE SUB-Q SCALE) [10289]

2-10 Units, SubCutaneous, See admin instructions, Post-op
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

<table>
<thead>
<tr>
<th>Blood Sugar [mg/dL]</th>
<th>Low Dose - Total Daily Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 40 Units/Day</td>
<td></td>
</tr>
<tr>
<td>150-200</td>
<td>2 units</td>
</tr>
<tr>
<td>201-250</td>
<td>4 units</td>
</tr>
<tr>
<td>251-300</td>
<td>6 units</td>
</tr>
<tr>
<td>301-350</td>
<td>8 units</td>
</tr>
<tr>
<td>Over 350-Notify MD</td>
<td>10 units</td>
</tr>
</tbody>
</table>

Will this be administered via an insulin pump?

Provider’s Initial: __________
Extracorporeal Shock Wave Lithotripsy (ESWL) Postoperative

**PATIENT INFORMATION**

- **Insulin Regular (NOVOLIN R) Injection (Medium Dose Sub-Q Scale)** [10289]
  - 3-15 Units, SubCutaneous, See admin instructions, Post-op
  - 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
  - **Blood Sugar [mg/dL]**
    - **Medium Dose - Total Daily 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?

- **Insulin Regular (NOVOLIN R) Injection (High Dose Sub-Q Scale)** [10289]
  - 4-18 Units, SubCutaneous, See admin instructions, Post-op
  - 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
  - **Blood Sugar [mg/dL]**
    - **High Dose - Total Daily 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?

- **Insulin Aspart Correction Scale (NovoLog) Post-op (Single Response)** [408127110]

  **CHOOSE ONE**

- **Insulin Aspart (NovoLOG) Injection (Low Dose Sub-Q Scale)** [28534]
  - 2-10 Units, SubCutaneous, As needed, high blood sugar, Post-op
  - 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
  - **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?

**Provider's Initial: ____________**
### PATIENT INFORMATION

**Insulin Aspart (NovoLOG) Injection (Medium Dose Sub-Q Scale) [28534]**

<table>
<thead>
<tr>
<th>Blood Sugar [mg/dL]</th>
<th>Medium Dose - Total Daily Dose 40 - 80 Units/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-200</td>
<td>3 units</td>
</tr>
<tr>
<td>201-250</td>
<td>6 units</td>
</tr>
<tr>
<td>251-300</td>
<td>9 units</td>
</tr>
<tr>
<td>301-350</td>
<td>12 units</td>
</tr>
<tr>
<td>Over 350</td>
<td>Notify MD 15 units</td>
</tr>
</tbody>
</table>

**Insulin Aspart (NovoLOG) Injection (High Dose Sub-Q Scale) [28534]**

<table>
<thead>
<tr>
<th>Blood Sugar [mg/dL]</th>
<th>High Dose - Total Daily Dose Over 80 Units/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-200</td>
<td>4 units</td>
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</tr>
<tr>
<td>251-300</td>
<td>11 units</td>
</tr>
<tr>
<td>301-350</td>
<td>15 units</td>
</tr>
<tr>
<td>Over 350</td>
<td>Notify MD 18 units</td>
</tr>
</tbody>
</table>

Will this be administered via an insulin pump?

**Over the Counter [408122889]**

[ ] Nurse may initiate Over the Counter Patient Care Products Order #767 [NUR185] 
**Routine, As needed, Post-op**

**Medications: Pain [197434]**

[ ] Analgesics: FIRST CHOICE (Single Response) [195052]

( ) HYDROMORPHONE IV ORDERABLE [420079] 
**IntraVenous, For 7 Days, Post-op**

Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

Provider’s Initial: __________

---

Page 12 of 20
Extracorporeal Shock Wave Lithotripsy (ESWL) Postoperative [30400072]

(4/20/16)
| ( ) | MORPHINE SULFATE IV ORDERABLE [420065] | 2 mg, IntraVEnous, Every 4 hours PRN, severe pain, Post-op  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | ketorolac (TORADOL) injection [22473] | 15 mg, IntraVEnous, For 5 Days, Post-op  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet [5940] | 1 tablet, Oral, Every 4 hours PRN, moderate pain, Post-op  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | oxyCODONE (ROXICODONE) immediate release tablet [10814] | 5 mg, Oral, Post-op  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | HYDROmorphine (DILAUDID) tablet [3760] | 2 mg, Oral, Every 4 hours PRN, severe pain, For 7 Days, Post-op  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [34544] | 1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-op  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [34505] | 1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-op  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |

Provider’s Initial: ____________
( ) ibuprofen (ADVIL, MOTRIN) tablet [3843]
400 mg, Oral, Every 6 hours PRN, mild pain, Post-op Start 6 hours after last ketorolac [TORADOL] dose, if given. Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

( ) acetaminophen (TYLENOL) tablet [101]
Oral, Post-op Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

[] Analgesics: SECOND CHOICE (Single Response) [195053]

( ) HYDROMORPHONE IV ORDERABLE [420079]
IntraVenous, For 7 Days, Post-op Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

( ) MORPHINE SULFATE IV ORDERABLE [420065]
2 mg, IntraVenous, Every 4 hours PRN, severe pain, Post-op Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

( ) ketorolac (TORADOL) injection [22473]
15 mg, IntraVenous, For 5 Days, Post-op Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet [5940]
1 tablet, Oral, Every 4 hours PRN, moderate pain, Post-op Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

( ) oxyCODONE (ROXICODONE) immediate release tablet [10814]
5 mg, Oral, Post-op Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

Provider's Initial: __________
PATIENT INFORMATION

HYDROMORPHONE (DILAUDID) tablet [3760]
2 mg, Oral, Every 4 hours PRN, severe pain, For 7 Days, Post-op
Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [34544]
1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-op
Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [34505]
1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-op
Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

ibuprofen (ADVIL,MOTRIN) tablet [3843]
400 mg, Oral, Every 6 hours PRN, mild pain, Post-op
Start 6 hours after last ketorolac [TORADOL] dose, if given.
Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

acetaminophen (TYLENOL) tablet [101]
Oral, Post-op
Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

Analgesics: THIRD CHOICE (Single Response) [195054]

HYDROMORPHONE IV ORDERABLE [420079]
IntraVenous, For 7 Days, Post-op
Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

Provider's Initial: __________
| ( ) | MORPHINE SULFATE IV ORDERABLE [420065] | 2 mg, IntraVenous, Every 4 hours PRN, severe pain, Post-op 
Give this medication 3rd if second medication is ineffective. 
Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. 
If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | ketorolac (TORADOL) injection [22473] | 15 mg, IntraVenous, For 5 Days, Post-op 
Give this medication 3rd if second medication is ineffective. 
Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. 
If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet [5940] | 1 tablet, Oral, Every 4 hours PRN, moderate pain, Post-op 
Give this medication 3rd if second medication is ineffective. 
Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. 
If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | oxyCODONE (ROXICODONE) immediate release tablet [10814] | 5 mg, Oral, Post-op 
Give this medication 3rd if second medication is ineffective. 
Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. 
If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | HYDROmorphine (DILAUDID) tablet [3760] | 2 mg, Oral, Every 4 hours PRN, severe pain, For 7 Days, Post-op 
Give this medication 3rd if second medication is ineffective. 
Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. 
If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [34544] | 1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-op 
Give this medication 3rd if second medication is ineffective. 
Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. 
If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |
| ( ) | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [34505] | 1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-op 
Give this medication 3rd if second medication is ineffective. 
Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. 
If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. |

Provider’s Initial: ___________________
### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen (Advil, Motrin) Tablet</td>
<td>400 mg, Oral, Every 6 hours PRN, mild pain, Post-op</td>
<td></td>
<td>Start 6 hours after last ketorolac [Toradol] dose, if given. Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>Acetaminophen (Tylenol) Tablet</td>
<td>Oral, Post-op</td>
<td></td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>Ondansetron (Zofran) 4 mg/2 mL injection</td>
<td>IntraVEnous, Post-op</td>
<td></td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>Promethazine (Phenergan) IV for patients 65 years &amp; over (6.25-12.5 mg)</td>
<td>6.25-12.5 mg, IntraVEnous, Post-op</td>
<td></td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>Promethazine (Phenergan) IV for patients under 65 years (12.5-25 mg)</td>
<td>IntraVEnous, Post-op</td>
<td></td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>Metoclopramide (Reglan) Injection</td>
<td>5-10 mg, IntraVEnous, Every 6 hours PRN, nausea, vomiting, Post-op</td>
<td></td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
</tbody>
</table>

**Provider's Initial:** ____________
**Antiemetic: SECOND CHOICE (Single Response)**

- **Ondansetron (ZOFRA) 4 mg/2 mL injection [106348]**
  - IntraVenous, Post-op
  - Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

- **Promethazine (PHENERGAN) IV for patients 65 years & over (6.25-12.5 mg) [6618]**
  - 6.25-12.5 mg, IntraVenous, Post-op
  - Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

- **Promethazine (PHENERGAN) IV for patients under 65 years (12.5-25 mg) [6618]**
  - IntraVenous, Post-op
  - Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

- **Metoclopramide (REGLAN) injection [5002]**
  - 5-10 mg, IntraVenous, Every 6 hours PRN, nausea, vomiting, Post-op
  - Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

**Antiemetic: THIRD CHOICE (Single Response)**

- **Ondansetron (ZOFRA) 4 mg/2 mL injection [106348]**
  - IntraVenous, Post-op
  - Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

- **Promethazine (PHENERGAN) IV for patients 65 years & over (6.25-12.5 mg) [6618]**
  - 6.25-12.5 mg, IntraVenous, Post-op
  - Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.
( ) promethazine (PHENERGAN) IV for patients under 65 years (12.5-25 mg) [6618]  
IntraVENous, Post-op  
Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

( ) metoclopramide (REGLAN) injection [5002]  
5-10 mg, IntraVENous, Every 6 hours PRN, nausea, vomiting, Post-op  
Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

**Beta Blockers [128993]**  
Patients on prior beta blocker therapy, MUST be reassessed for initiation on BOTH POD #1 and POD #2

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] atenolol (TENORMIN) tablet [717]</td>
<td>25 mg, Oral, Daily, Post-op</td>
</tr>
<tr>
<td>[ ] carvedilol (COREG) tablet [18551]</td>
<td>3.125 mg, Oral, 2 times daily with meals, Post-op</td>
</tr>
<tr>
<td>[ ] labetalol (NORMODYNE) tablet [10373]</td>
<td>100 mg, Oral, 2 times daily, Post-op</td>
</tr>
<tr>
<td>[ ] metoprolol (LOPRESSOR) tablet [37637]</td>
<td>25 mg, Oral, 2 times daily, Post-op</td>
</tr>
<tr>
<td>[ ] metoprolol (TOPROL-XL) XL tablet [29858]</td>
<td>25 mg, Oral, Daily, Post-op</td>
</tr>
<tr>
<td>[ ] propranolol (INDERAL) tablet [40840138]</td>
<td>20 mg, Oral, 4 times daily, Post-op</td>
</tr>
<tr>
<td>[ ] Reason for no beta-blocker at discharge [COR34]</td>
<td>REQUIRED</td>
</tr>
</tbody>
</table>

Reason for not administering beta-blocker during perioperative period?

**Provider’s Initial:** ____________
Nicotine Replacement Therapy [408123734]

Nicotine Replacement therapy will be avoided if possible in patient with unstable acute coronary syndrome for 72 hours. After 72 hours if chest pain, arrhythmias, and/or blood pressure have stabilized, Nicotine replacement may be considered at ONE STEP below the calculated replacement dose. NOTE: 1/2 pack = 10 cigarettes

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.

**Smoking History**

<table>
<thead>
<tr>
<th>Step down therapy after initial nicotine replacement for 6-7 weeks: Nicotine patch, 7mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Cigarettes per Day or less, past history of cardiovascular disease, or weight under 45 kg: Nicotine patch, 14 mg</td>
</tr>
<tr>
<td>Heavy smokers (More than 10 cigarettes/day): Nicotine patch, 21 mg</td>
</tr>
<tr>
<td>Smokeless tobacco users, pipe smokers or at patient request: Nicotine Gum, 2mg</td>
</tr>
</tbody>
</table>

Note to provider: Insulin requirements may change - monitor blood sugars. Topical Steroids and oral antihistamines may be recommended to treat less severe skin irritations.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[]</td>
<td>Patient uses tobacco [206892]</td>
</tr>
<tr>
<td>[] nicotine (NICODERM CQ) 7 mg/24 hr [27860] 1 patch, TransDermal, for 24 Hours, Daily, Post-op</td>
<td></td>
</tr>
<tr>
<td>[] nicotine (NICODERM CQ) 14 mg/24 hr [27862] 1 patch, TransDermal, for 24 Hours, Daily, Post-op</td>
<td></td>
</tr>
<tr>
<td>[] nicotine (NICODERM CQ) 21 mg/24 hr [27863] 1 patch, TransDermal, for 24 Hours, Daily, Post-op</td>
<td></td>
</tr>
<tr>
<td>[] nicotine polacrilex (NICORETTE) gum [10717] 2 mg, Buccal, Every 1 hour PRN, smoking cessation, Post-op</td>
<td></td>
</tr>
<tr>
<td>[] buPROPion (WELLBUTRIN SR) 12 hr tablet [18385] 100 mg, Oral, 2 times daily, Post-op</td>
<td></td>
</tr>
<tr>
<td>[] varenicline (CHANTIX) tablet [76444] 0.5 mg, Oral, 2 times daily with meals, Post-op</td>
<td></td>
</tr>
</tbody>
</table>

[] Patient refuses nicotine replacement medication [COR406] Details

[] Patient does not use tobacco [COR405] Details

[] Nicotine replacement contraindicated [COR407]

Reason for contraindication: