**Thoracotomy/Video Assisted Thoracoscopy (VATS) Postoperative** [30400543]

**Patient Information**

*Height* ________________________________________

*Weight* ________________________________________

*Allergies* ________________________________________

If appropriate for this patient's condition please consider the following order sets:

- Over the Counter Patient Care Products: Physician Order #767
- Patient Controlled Analgesia (PCA): Physician Order #564
- Glycemic Control - Insulin Infusion: Physician Order #824
- Glycemic Control - Subcutaneous Addendum: Physician Order #825
- Postoperative Continuous Epidural Analgesia: Physician Order #551
- If GFR decreased and patient requires IV contrast study, consider hydrating patient using Hydration Order for Reducing Risk of Radiocontrast Induced Nephrotoxicity: Physician Order #683
- Central access required for vasoactive or inotropic medications (see guidelines for Central Venous Access Placement): Ordering provider to place central line or PICC

**General**

**Level of Care (Single Response)**

<table>
<thead>
<tr>
<th>() Admit to Inpatient</th>
<th>Diagnosis: _________________________ REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expected length of stay (days): __________ REQUIRED</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Must be completed by Physician for Inpatient Admissions:</td>
</tr>
<tr>
<td></td>
<td>Rationale for Inpatient Admission: ______________ REQUIRED</td>
</tr>
<tr>
<td></td>
<td>Plans for post hospital care: See Discharge Summary/ Progress Note</td>
</tr>
<tr>
<td></td>
<td>Level of Care: ________________________ REQUIRED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>() Refer to Observation</th>
<th>Diagnosis: _________________________ REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monitor for: __________________________ REQUIRED</td>
</tr>
<tr>
<td></td>
<td>Notify provider when: ____________________ REQUIRED</td>
</tr>
<tr>
<td></td>
<td>Level of Care: ________________________ REQUIRED</td>
</tr>
</tbody>
</table>

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

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

**Harrison Code Status (Single Response)**

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

**Provider Initial:** ________________________

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*[Franciscan Health System](http://www.franciscanhs.org)*

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**

Page 1 of 9
## Vital Signs

| [X] Frequent vital signs | Indication:  
Q15 minutes x (# of occurrences):  
Q30 minutes x (# of occurrences):  
Q1 hour x (# of occurrences):  
Q2 hours x (# of occurrences): 6  
Then: Per unit routine  
Post-op, Until discontinued, Starting today |

## Cardiac Monitoring

| [] Cardiac monitoring | Routine, Until discontinued, Starting today, PACU (only) |

## Notify Physician

| [X] Notify provider | Routine, Until discontinued, Starting today  
Respiratory rate less than: 30  
Respiratory rate greater than: 10  
Chest tube output greater than (ml's): 150  
Urine output less than (mL/hr): 30  
Systolic BP greater than:  
Systolic BP less than:  
For any increase in O2 requirements. For onset of temperature greater than 38 celsius, obtain blood cultures, lactic acid, UA with culture and sensitivity, and a chest x-ray., Post-op |

## Activity

| [X] Elevate HOB | Routine, Until discontinued, Starting today  
Elevate HOB. Specify degrees: 45  
At all times., Post-op |

| [X] Ambulate patient | Routine, 3 times daily, Starting today  
Post Op Day: POD #1  
And out of bed to chair for all meals., Post-op |

## Nutrition

| [X] Diet NPO | Diet effective now, Starting today For 1 Days  
NPO Except:  
Diet Comments:  
Post-op |

| [X] Advance diet as tolerated | Once, Starting today  
Target Diet: Diet General  
Post Op Day: POD #1  
Advance dysphagia diet as per Speech Pathologist recommendation.  
Dysphagia diet as per speech pathologist recommendation., Post-op |
Diet Diabetic
Diet effective now, Starting today
Diet, Diabetic:
Select/Nonselect: _____REQUIRED
Additional Modifiers:
Viscosity/Liquids:
Texture:
Fluid Restriction / day:
Supplement:
Diet Comments:
Post-op

Ancillary Consults

[ ] Inpatient consult to Physical Medicine Rehab
Reason for Consult? ___________ REQUIRED
RN/Secretary to contact the consulting provider? _____REQUIRED
Post-op

[ ] Speech and language pathology eval and treat
Routine, Once, Starting today For 1 Occurrences
Type? ___________ REQUIRED
If patient unable to swallow, obtain speech consult for swallow evaluation., Post-op

[ ] PT eval and treat, day of surgery
Routine, Once, Starting today For 1 Occurrences
Reason for PT? 
Post-op

[ ] PT eval and treat
Routine, Once, Starting today
Post Op Day: POD #1
Out of bed as tolerated and treat as appropriate., Post-op

[ ] OT eval and treat
Routine, Once, Starting today
Reason for OT? 
Out of bed as tolerated and treat as appropriate., Post-op

[ ] Inpatient consult to IV therapy
Reason for Consult? PICC placement
Did you contact the consulting Provider? ___________ REQUIRED

Discharge Planning

[ ] Inpatient consult to Care Management
Reason for Consult? Discharge planning
Did you contact the consulting Provider? ___________ REQUIRED
SNF has been discussed: _____Yes/No _______REQUIRED
Preferred SNF:
Post-op

Nursing Interventions

[X] Turn cough deep breathe
Routine, As needed, Starting today, Q1 hour while awake., Post-op

[X] Incentive spirometry nursing
Routine, As needed, Starting today, Q1 hours while awake., Post-op

[X] Oxygen therapy
Routine, Continuous, Starting today
Use protocol: O2 Delivery Method: _____REQUIRED
Titrate to saturation of: 92%
Indications for O2: Hypoxemia
Indicate LPM/FIO2: 
Post-op

[X] Change dressing
Routine, Daily, Starting tomorrow with First Occurrence As Scheduled
Specify body part: ___________ REQUIRED
Specify wound type:
Dressing change instructions:
Chest tube dressing change every 24 hours starting on post-operative day #2 and PRN. Chest tube to remain secure at all times., Post-op
<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record chest tube drainage</td>
<td>Routine, Every shift, Starting today. With the following limitations: Post-op</td>
</tr>
<tr>
<td>Chest tube to continuous suction</td>
<td>Routine, Until discontinued, Starting today. Suction pressure (cm H2O): 20 Post-op</td>
</tr>
<tr>
<td>Chest tube to water seal</td>
<td>Routine, Until discontinued, Starting today, Post-op</td>
</tr>
<tr>
<td>Continue Existing Catheter (Panel)</td>
<td></td>
</tr>
<tr>
<td>Continue existing retention catheter</td>
<td>Routine, Until discontinued, Starting today, Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op</td>
</tr>
<tr>
<td>Urinalysis with culture, if indicated</td>
<td>Once, Starting today For 1 Occurrences Obtain UA-R prior to 48 hours post-insertion, Post-op</td>
</tr>
<tr>
<td>Insert retention catheter panel</td>
<td>Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention, or if residual urine of bladder scan is greater than 150 mL. Call physician with results and obtain UA-R (urinalysis with culture if indicated) upon insertion. Repeat UA-R prior to 48 hours post-insertion. Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op</td>
</tr>
<tr>
<td>Urinalysis with culture, if indicated, upon insertion</td>
<td>Daily, Starting today with First Occurrence Include Now For 2 Occurrences Obtain a UA-R upon insertion and repeat UA-R prior to 48 hours post-insertion., Post-op</td>
</tr>
<tr>
<td>Discontinue existing retention catheter</td>
<td>Routine, Once, Starting today For 1 Occurrences Post Op Day: Discontinue existing retention catheter on post-op day ______ REQUIRED Post-op</td>
</tr>
<tr>
<td>Straight cath</td>
<td>Routine, As needed, Starting today, Straight cath every 4-6 hours PRN inability to void or feelings of discomfort/distention., Post-op</td>
</tr>
<tr>
<td>Provide smoking cessation information and document on education record</td>
<td>Routine, Prior to discharge, Starting today, Post-op</td>
</tr>
<tr>
<td>Provide diagnosis specific educational materials</td>
<td>Routine, Once, Starting today For 1 Occurrences, Document on education record., Post-op</td>
</tr>
<tr>
<td>Labs</td>
<td></td>
</tr>
<tr>
<td>PACU Labs and Imaging</td>
<td></td>
</tr>
<tr>
<td>Basic metabolic panel</td>
<td>Once, Starting today, PACU (only)</td>
</tr>
<tr>
<td>CBC and differential</td>
<td>Once, Starting today, PACU (only)</td>
</tr>
<tr>
<td>X-ray chest AP portable</td>
<td>Routine, 1 time imaging, Starting today For 1 Reason for Exam: __________ REQUIRED Is the patient pregnant? __________ REQUIRED</td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>Basic metabolic panel</td>
<td>Daily, Starting today Repeat labs in AM (enter amount of days in frequency)., Post-op</td>
</tr>
<tr>
<td>Hematology</td>
<td></td>
</tr>
<tr>
<td>CBC and differential</td>
<td>Daily, Starting today Repeat labs in AM (enter amount of days in frequency), Post-op</td>
</tr>
<tr>
<td>Imaging</td>
<td></td>
</tr>
</tbody>
</table>

Provider Initial: ________________
<table>
<thead>
<tr>
<th>PROVIDER:</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN ORDERS</td>
<td></td>
</tr>
<tr>
<td>PATIENT INFORMATION</td>
<td></td>
</tr>
</tbody>
</table>

### VTE Prophylaxis

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray chest AP portable</td>
<td>Routine, Daily imaging, Starting tomorrow at 6:00 AM For 3 Days In AM times 3 days or until chest tube(s) discontinued. Reason for Exam: Other (Please Specify) Is the patient pregnant? Reason for Exam (USE SIGNS AND SYMPTOMS): Postop lung surgery</td>
</tr>
</tbody>
</table>

**VTE Prophylaxis**

**Highline Post-op VTE Prophylaxis Mechanical**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place sequential compression device</td>
<td>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 &amp; Post-op</td>
</tr>
</tbody>
</table>

**Post-op VTE Prophylaxis Pharmacological**

If mechanical prophylaxis contraindicated, MUST order pharmacologic prophylaxis. **IF PATIENT HAS INDWELLING EPIDURAL CATHETER IN PLACE AND HEPARIN OR ENOXAPARIN IS ORDERED, REFER TO EPIDURAL ORDERS**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>heparin (porcine) injection 5,000 units/mL</td>
<td>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</td>
</tr>
<tr>
<td>enoxaparin (LOVENOX) injection 40 mg</td>
<td>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</td>
</tr>
</tbody>
</table>

### IV Fluids

**Provider Initial: __________________**

Thoracotomy/Video Assisted Thoracoscopy (VATS) Postoperative [30400543]
### IV Fluids

| Dextrose 5% and sodium chloride 0.45% infusion | 65 mL/hr, IntraVEnous, Continuous, Post-op, Routine |

### Medications

### 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 |

### Beta-Blocker

For patients on prior beta-blocker therapy, order appropriate beta-blocker now.

| Reason for no beta-blocker during perioperative period | Reason for no beta-blocker prescribed at discharge? _____REQUIRED |

### IV/IM Analgesia

See patient controlled Analgesia (PCA) Physician Order #564. No additional IV/IM analgesia while on PCA. Discontinue PCA when tolerating PO pain meds.

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.

<table>
<thead>
<tr>
<th>Morphine IV/IM Panel</th>
<th>&quot;Or&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>morphine injection</td>
<td>Dose_____REQUIRED IntraVEnous, Every 1 hour PRN, severe pain, Post-op Avoid use in renal dysfunctional (serum creatinine greater than 2 mg/dL or patient on dialysis) Pain Option (Indicate number): _____REQUIRED Routine</td>
</tr>
<tr>
<td>morphine injection</td>
<td>Dose_____REQUIRED IntraMuscular, Every 3 hours PRN, severe pain, Post-op Avoid use in renal dysfunctional (serum creatinine greater than 2 mg/dL or patient on dialysis) Pain Option (Indicate number): _____REQUIRED Routine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hydromorphone IV/IM Panel</th>
<th>&quot;Or&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROMorphone (DILAUDID) syringe 1 mg/mL</td>
<td>0.2-0.6 mg, IntraVEnous, Every 1 hour PRN, severe pain, Post-op Pain Option: {Please select from list:40800002} Note: 1 mg hydromorphone=7mg 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 dose Routine</td>
</tr>
<tr>
<td>HYDROMorphone (DILAUDID) syringe 2 mg/mL</td>
<td>0.2-0.6 mg, IntraMuscular, Every 3 hours PRN, severe pain, Post-op Pain Option: {Please select from list:40800002} Note: 1 mg hydromorphone=7mg 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 dose Routine</td>
</tr>
</tbody>
</table>
Post-op Oral 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.

**oxyCODONE-acetaminophen (PERCOCET) tablet 5-325 mg**
1-2 tablet, Oral, Every 4 hours PRN, moderate pain, Post-op Pain Option (Indicate number): REQUIRED for pain relief Routine

**HYDROcodone-acetaminophen (VICODIN) tablet 5-325 mg**
1-2 tablet, Oral, Every 4 hours PRN, moderate pain, Post-op Pain Option (Indicate number): REQUIRED for pain relief Routine

**acetaminophen (TYLENOL) tablet**
650 mg, Oral, Every 4 hours PRN, mild pain, headaches, Temp > 38 C or 100.4 F, Post-op Pain relief option: REQUIRED Routine

**acetaminophen (TYLENOL) suppository**
650 mg, Rectal, Every 4 hours PRN, mild pain, headaches, Temp > 38 C or 100.4 F, Post-op Pain relief option: REQUIRED Routine

**Post-op Anti-Inflammatory**
Do NOT use ketorolac if serum creatinine is greater than 1.4 mg/dL and or platelets are less than 50,000.

**ketorolac (TORADOL) injection**
15 mg, IntraVENous, Every 6 hours PRN, moderate pain, For 24 Hours, Post-op Give IV/IM. May use in patients age 65 and over, or weight less than 50 kg. Routine

**ketorolac (TORADOL) injection**
30 mg, IntraVENous, Every 6 hours PRN, moderate pain, For 24 Hours, Post-op Give IV/IM. Do not use in patients age 65 and over, or weight less than 50 kg. Routine

**naproxen (NAPROSYN) tablet**
250 mg, Oral, Every 6 hours PRN, mild pain, Post-op Give with food. If started within 24 hours postoperatively discontinue PRN ketorolac order. First dose of naproxen must be given no sooner than 6 hours after last dose of ketorolac. Routine

**Post-op Antibiotics**
Prophylactic Antibiotics - first dose in PACU (if continued greater than 18 hours, must document suspected or actual infection)

**ceFAZolin (ANCEF) IV-for patients less than 80kg**
1 g, IntraVENous, Every 8 hours, For 2 Doses, PACU & Post-op X 2 doses. First dose in PACU. Routine

**ceFAZolin (ANCEF) IV-for patients greater than 80kg**
2 g, IntraVENous, Every 8 hours, For 2 Doses, PACU & Post-op X 2 doses. First dose in PACU. Routine

**Harrison Pharmacy Consult - SCIP antibiotics**

**Pharmacy Consult: Antibiotics**
Routine, Once, Starting today For 1 Occurrences

**Pharmacy Consult: Antibiotics**
Routine, Once, Starting today For 1 Occurrences

**Provider Initial:** _______________
Post-op Antibiotic PCN Allergic Beta Lactam Allergy

- clindamycin (CLEOCIN) IV syringe 600 mg, IntraVEnous, at 40 mL/hr, Every 8 hours, For 2 Doses, PACU & Post-op
  If penicillin allergic PLUS documented beta-lactam allergy. Times 2 doses-first dose in PACU Routine

- clindamycin (CLEOCIN) IV syringe 900 mg, IntraVEnous, at 60 mL/hr, Every 8 hours, For 2 Doses, PACU & Post-op
  If penicillin allergic PLUS documented beta-lactam allergy. Times 2 doses-first dose in PACU Routine

- vancomycin (VANCOCIN) IVPB 250 mL (base) 1,000 mg, IntraVEnous, for 60 Minutes, Every 12 hours, For 1 Doses, PACU & Post-op
  If penicillin allergic PLUS documented beta-lactam allergy. Times 2 doses-first dose in PACU (Must document indication)
  Indication for Use: ________________________ REQUIRED Routine

Post-op Nausea/Vomiting

- ondansetron (ZOFRAN) injection 4 mg/2 mL 4 mg, IntraVEnous, Every 4 hours PRN, nausea, vomiting, Post-op
  Med choice: Give ondansetron first. If ineffective, discontinue ondansetron and give promethazine. Maximum 24 mg per 24 hours. Routine

- promethazine (PHENERGAN) IV for patients 65 years & over 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) IV for patients under 65 years 12.5-25 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
## PHYSICIAN ORDERS

### PATIENT INFORMATION

**Thoracotomy/Video Assisted Thoracoscopy (VATS) Postoperative**

<table>
<thead>
<tr>
<th><strong>Post-op Bronchodilation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ipratropium]albuterol panel</td>
</tr>
<tr>
<td>[ ] [ipratropium-albuterol (DUO-NEB) nebulizer solution] 3 mL, Nebulization, 4 times daily (RT), Post-op, Routine</td>
</tr>
<tr>
<td>[ ] [ipratropium-albuterol (DUO-NEB) nebulizer solution] 3 mL, Nebulization, 4 times daily PRN, dyspnea, Post-op, Routine</td>
</tr>
</tbody>
</table>

### Post-op Other Meds

| [ ] metoclopramide (REGLAN) injection | 10 mg, IntraVENous, Every 6 hours, Post-op |
| [ ] [famotidine (PEPCID) IV syringe] 20 mg, IntraVENous, at 300 mL/hr, 2 times daily, Post-op |
| [ ] [docusate sodium (COLACE) capsule] 100 mg, Oral, 2 times daily, Post-op, Routine |
| [ ] [bisacodyl (DULCOLAX) suppository] 10 mg, Rectal, Daily as needed, constipation, Post-op, Routine |
| [ ] [aluminum/magnesium hydroxide & simethicone (MAALOX MAX) oral suspension] 30 mL, Oral, Every 6 hours PRN, indigestion, Post-op |

**Shake Well** Do not use if serum creatinine greater than 1.8 mg/dL Routine

### Post-op Vasopressor

"If using this drug, need to be ICU level of care"

| [ ] phenylephrine 20mg/250mL infusion STANDARD strength | 100 mcg/min, IntraVENous, Titrated, Post-op |
| [ ] phenylephrine 20mg/250mL infusion STANDARD strength | Titrate to keep systolic BP greater than 90 mmHg. Notify Physician if patient requiring dose greater than 75 mcg/minute Routine |

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**Provider Initial:**

Page 9 of 9

Thoracotomy/Video Assisted Thoracoscopy (VATS) Postoperative [30400543]

**Franciscan Health System**  
St. Joseph Medical Center  
St. Francis Hospital - St. Clare Hospital  
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**PHYSICIAN/orders**