Extracorporeal Shock Wave Lithotripsy (ESWL) Post Operative Discharge  [30401072]

Height_____________________
Weight_____________________ 
Allergies___________________

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

General - Prior to Discharge

Vital Signs

[ ] Frequent vital signs

<table>
<thead>
<tr>
<th>Indication:</th>
<th>Q15 minutes x (# of occurrences):</th>
<th>Q30 minutes x (# of occurrences):</th>
<th>Q1 hour x (# of occurrences):</th>
<th>Q2 hours x (# of occurrences):</th>
<th>Q4 hours x (# of occurrences):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post-op, Until discontinued, Starting today</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[X] Vital signs
Routine, Every 4 hours, Starting today, Per unit routine., Post-op

Cardiac Monitoring

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

Activity Surgical

[ ] Ambulate Progressive
Routine, Until discontinued, Starting today, Post-op

[ ] Up with assistance when able
Routine, As needed, Starting today, Post-op

[ ] Up with assistance
Routine, As needed, Starting today, Post-op

[ ] Up in chair
Routine, Until discontinued, Starting today, Post-op

[X] Activity as tolerated
Routine, Until discontinued, Starting today, Post-op

[ ] Strict Bed rest
Routine, Until discontinued, Starting today, Post-op

[ ] Bed rest
Routine, Until discontinued, Starting today, Post-op

[ ] May Sit/Stand to void
Routine, Until discontinued, Starting today, Post-op

[ ] Patient may shower
Routine, Until discontinued, Starting today, Post-op

[ ] Elevate HOB
Routine, Until discontinued, Starting today
Elevate HOB: _____________________ Required
Post-op

[ ] Ambulate patient
Routine, Every shift, Starting today, Starting POD #1, Post-op

[ ] Bathroom privileges
Routine, Until discontinued, Starting today, Post-op

[ ] Ambulate patient
Routine, Every shift, Starting today, 2X per shift, Post-op

[ ] Stand and walk day of surgery
Routine, Until discontinued, Starting today, Post-op

[ ] Out of bed as tolerated
Routine, Until discontinued, Starting today, Post-op

[ ] Dangle at bedside in 0-6 hours
Routine, Once, Starting today, Post-op

Nursing Interventions

[ ] Foley catheter - discontinue
Routine, Once, Starting today, When anesthesia has worn off, Post-op

[ ] Retention Catheter Panel

[ ] Insert urinary retention 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

[ ] Irrigate catheter
Routine, Once, Starting today, Irrigate with 0.9 sodium chloride as needed for clots, Post-op

Provider Initial:______________
Urinalysis with culture, if indicated, upon insertion: 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

Strain all urine: Routine, Until discontinued, Starting today, and save fragments in dry container, Post-op

Continue Retention Catheter Panel (Post-Op): Required

Continue existing retention catheter: Routine, Until discontinued, Starting today, Initiate Medical Staff Approved Urinary Catheter Protocol, Post-op

Urinalysis with culture, if indicated: Once, Starting today For 1 Occurrences
Obtain UA-R prior to 48 hours post-insertion, Post-op

Instruct patient in the use of leg bag: Routine, Once, Starting today, Post-op

Instruct patient in how to discontinue catheter: Routine, Once, Starting today, Post-op

Reason for continuing urinary catheterization: Reason: ____________________________

Discharge Instructions - Prior to Discharge

Discharge instructions: Routine, Once, Starting today, If stable, patient may be discharged when discharge criteria met, Post-op

Discharge instructions: Routine, Once, Starting today, Post-op

Nursing communication: Routine, Until discontinued, Starting today, Post-op

Activity - Discharge

Discharge activity: Routine, Clinic Performed, Post Discharge

Follow-up with Physician: Routine, Clinic Performed, Post Discharge

Ambulate Progressive: Routine, Clinic Performed, Post Discharge

Up in chair: Routine, Clinic Performed, Post Discharge

Activity as tolerated: Routine, Clinic Performed, Post Discharge

Strict Bed Rest: Routine, Clinic Performed, Post Discharge

Bed rest: Routine, Clinic Performed, Post Discharge

May shower: Routine, Clinic Performed, Post Discharge

Head of bed flat: Routine, Clinic Performed, Post Discharge

Elevate HOB: Routine, Clinic Performed, Post Discharge

Stand and Walk Day of Surgery: Routine, Clinic Performed, Post Discharge

Dangle at bedside: Routine, Clinic Performed, Post Discharge

Diet - Discharge

Diet NPO: Routine, Clinic Performed, Post Discharge

Diet General: Routine, Clinic Performed, Post Discharge

Diet Cardiac: Routine, Clinic Performed, Post Discharge

Diet Diabetic: Routine, Clinic Performed, Post Discharge

Discharge Instruction-Post Discharge

Follow-up with Physician: Routine, Clinic Performed, Post Discharge

Discharge instructions: Routine, Clinic Performed, Post Discharge

Patient Education - Post Discharge

Tobacco cessation education: Routine, Clinic Performed, Post Discharge

Patient education (specify): Routine, Clinic Performed, Post Discharge

Patient education (specify): Routine, Clinic Performed, Post Discharge

Provide patient education materials: Routine, Clinic Performed, Post Discharge
## Extracorporeal Shock Wave Lithotripsy (ESWL) Post Operative Discharge

### PHYSICIAN ORDERS

**VTE Prophylaxis - Prior to Discharge**

<table>
<thead>
<tr>
<th>Provider Initial:</th>
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</tr>
</thead>
</table>

SAH, SCH, SFH, SJMC & Harrison VTE Mechanical Prophylaxis

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Apply / Continue sequential compression device (SCD) to both legs</td>
</tr>
<tr>
<td>[]</td>
<td>Place TED hose</td>
</tr>
<tr>
<td>[]</td>
<td>Reason for No VTE Prophylaxis (Mech)</td>
</tr>
</tbody>
</table>

**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

**VTE Prophylaxis - Anticoagulation**

- Enoxaparin (Lovenox) 40mg 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] Routine

- heparin (porcine) injection 5,000 units/mL 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] Routine

- Do not give Heparin or Enoxaparin Routine, Until discontinued, Starting today, Reason for not prescribing anticoagulation therapy? Required

**Reason for No VTE Prophylaxis (Mech) Reason for no VTE prophylaxis (mechanical):**

**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

**VTE Prophylaxis - Anticoagulation**

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- Do not give Heparin or Enoxaprin Routine, Until discontinued, Starting today, Reason for not prescribing anticoagulation therapy? Required

**Reason for No VTE Prophylaxis (Mech) Reason for no VTE prophylaxis (mechanical):**

**IV Fluids - Prior to Discharge**

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<thead>
<tr>
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<th>Details</th>
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</thead>
<tbody>
<tr>
<td>[]</td>
<td>Saline Flush and Lock Panel</td>
</tr>
<tr>
<td>[]</td>
<td>Sodium chloride 0.9% syringe 2 mL, IntraVenous, Every 8 hours, Post-op, Routine</td>
</tr>
<tr>
<td>[]</td>
<td>Sodium lock IV Routine, Continuous, Starting today, Post-op</td>
</tr>
<tr>
<td>[]</td>
<td>Sodium chloride 0.9% (NS) infusion 100 mL/hr, IntraVenous, Continuous, Post-op, Follow current IV with this, Discontinue IV fluids when taking adequate PO intake, Routine</td>
</tr>
<tr>
<td>[]</td>
<td>Dextrose 5% and sodium chloride 0.45% infusion 100 mL/hr, IntraVenous, Continuous, Post-op, Follow current IV with this, Discontinue IV fluids when taking adequate PO intake, Routine</td>
</tr>
<tr>
<td>[]</td>
<td>Sodium chloride 0.9% with KCl 20 mEq/L infusion 100 mL/hr, IntraVenous, Continuous, Post-op, Follow current IV with this, Discontinue IV fluids when taking adequate PO intake, Routine</td>
</tr>
<tr>
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<td>Dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion 100 mL/hr, IntraVenous, Continuous, Post-op, Follow current IV with this, Discontinue IV fluids when taking adequate PO intake, Routine</td>
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**Medications - Prior to Discharge**

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**Physician Orders**

**Patient Information**

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**Franciscan Health System**

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

**POCT glucose**
- Routine, 4 times daily after meals and at bedtime, Starting today, Post-op

**insulin regular (NOVOLIN R) injection**
- 0-18, SubCutaneous, 4 times daily before meals and nightly, 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
- Start with (Desc; low/medium/high:30203) dose corrective scale for Glucose Management

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

<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-Notify MD</td>
<td>15 units</td>
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<th>Blood Sugar [mg/dL]</th>
<th>High Dose - Total Daily Dose Over 80 Units/Day</th>
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<tr>
<td>150-200</td>
<td>4 units</td>
</tr>
<tr>
<td>201-250</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-Notify MD</td>
<td>18 units</td>
</tr>
</tbody>
</table>

**insulin aspart (NovoLOG) injection**
- 0-18, SubCutaneous, 4 times daily before meals and nightly, Post-op
- If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose.
- Start with (Desc; low/medium/high:30203) dose corrective scale for Glucose Management

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</tr>
<tr>
<td>Over 350-Notify MD</td>
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</table>

**Routine**
- Will this be administered via an insulin pump?
### Hypoglycemia Protocol

**Hypoglycemia Protocol (Blood glucose less than 70 mg/dL)**

- **Optional, 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

### dextrose 50 % IV

25-50 mL, Intravenous, As needed, low blood sugar, see admin instructions.

- **Optional, For 7 Days, 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.

### 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 medicine to be given. If ineffective, #2 will be used next, and then #3, #4 etc. Number the IV/IM Meds and Oral Meds separately. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine Intravenous</td>
<td>________</td>
<td>Required</td>
</tr>
<tr>
<td>Morphine Intramuscular</td>
<td>________</td>
<td>Required</td>
</tr>
<tr>
<td>Hydromorphone Intravenous</td>
<td>________</td>
<td>Required</td>
</tr>
<tr>
<td>Hydromorphone Intramuscular</td>
<td>________</td>
<td>Required</td>
</tr>
</tbody>
</table>

### Oral Analgesia

**OxyCODONE-acetaminophen (PERCOCET) tablet 5-325 mg**

1-2 tablet, Oral, Every 4 hours PRN, severe pain, Post-op When pain under control and patient tolerating oral intake, trial oral pain medications Routine.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROcodone-acetaminophen (NORCO) tablet</td>
<td>7.5-325 mg</td>
<td>1 tablet, Oral, Every 4 hours PRN, moderate pain, Pain, Post-op</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When pain under control and patient tolerating oral intake, trial oral pain</td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) tablet</td>
<td>325-650 mg</td>
<td>Oral, Every 4 hours PRN, mild pain, temperature greater than 38C, Post-op</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routine</td>
</tr>
<tr>
<td>oxyCODONE (ROXICODONE) immediate release</td>
<td>5-10 mg</td>
<td>Oral, Every 3 hours PRN, moderate pain, breakthrough pain, Post-op</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administer if other oral medications are ineffective after 1 hour minimum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routine</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Break Through Pain

- OxyCODONE (ROXICODONE) immediate release tablet
- Other

### Antiemetics

- Post-op Ondansetron - Promethazine Panel
  - **Ondansetron (ZOFRAN) 4 mg/2 mL injection**: 4 mg, IntraVENous, Every 4 hours PRN, nausea, nausea, Post-op. Med choice: [Please select from list:40800002]. Required: Maximum 24 mg per 24 hours Routine.
- **Promethazine (PHENERGAN) 25 mg/mL injection**: 6.25-12.5 mg, IntraVENous, Every 4 hours PRN, nausea, vomiting, Post-op. Med choice: [Please select from list:40800002]. Required: Use 6.25-12.5 mg IV for patients age 65 and over. Give ondansetron first. If ineffective give promethazine. Maximum 24 mg per 24 hours Routine.
- **Promethazine (PHENERGAN) 25 mg/mL injection**: 12.5-25 mg, IntraVENous, Every 4 hours PRN, nausea, vomiting, Post-op. Med choice: [Please select from list:40800002]. Required: Give ondansetron first. If ineffective give promethazine. Maximum 24 mg per 24 hours Routine.

### Beta Blockers

Patients on prior beta blocker therapy, MUST be reassessed for initiation on BOTH POD #1 and POD #2.

- Atenolol (TENORMIN) tablet
- Carvedilol (COREG) tablet
- Labetalol (NORMODYNE) tablet
- Metoprolol (LOPRESSOR) tablet
- Metoprolol (TOPROL-XL) XL tablet
- Propranolol (INDERAL) tablet

### Reason for no beta-blocker at discharge

Reason for not administering beta-blocker during perioperative period? Required

### Medications - AMB Orders - Post Discharge

#### Oral Analgesia

- OXYCODONE-ACETAMINOPHEN 5 MG-325 MG TABLET Print
- HYDROCODONE-ACETAMINOPHEN 7.5 MG-325 MG TABLET Print
- ACETAMINOPHEN 325 MG TABLET Normal
- Other
Break Through Pain

[ ] OXYCODONE 5 MG TABLET

Beta Blockers

[ ] For patient on prior beta-blockers begin therapy (specify) Routine, Clinic Performed, Post Discharge
[ ] ATENOLOL 25 MG TABLET Normal
[ ] CARVEDILOL 3.125 MG TABLET Normal
[ ] Labetalol 100 MG TABLET Normal
[ ] METOPROLOL TARTRATE 25 MG TABLET Normal
[ ] METOPROLOL SUCCINATE ER 25 MG TABLET, EXTENDED RELEASE 24 HR Normal
[ ] PROPRANOLOL 5 MG TABLET Normal
[ ] Reason for no beta-blocker at discharge Routine, Normal, Post Discharge Required

Nicotine Replacement Therapy (AMB Orders)

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

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

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

[ ] No Smoking while on nicotine replacement therapy Routine, Clinic Performed, Post Discharge
[ ] NICOTINE 7 MG/24 HR DAILY PATCH Normal
[ ] NICOTINE 14 MG/24 HR DAILY PATCH Normal
[ ] NICOTINE 21 MG/24 HR DAILY PATCH Normal
[ ] NICOTINE (POLACRILEX) 2 MG GUM Normal
[ ] Other

Date:_______ Time:_______ Printed Name of Ordering Provider:_________________________________________________________

Provider Signature:_________________________________________________________________________________________

Date:_______ Time:_______ RN Acknowledged: ____________________________________________________________

Provider Initial:________________

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Harrison HealthPartners
Regional Hospital

PHYSICIAN ORDERS