

## Post-Op Adult (Inpatient)

### Order Set Directions:


 = Performance Indicator

(√)-Check orders to activate. Orders with a pre-checked box  will be followed unless lined out.  
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### Activity

- Bed rest – advance as tolerated
- Up in chair in a.m.
- Other: \_\_\_\_\_

### Nursing Orders

- Measure intake and output
- Vital signs every 15 minutes x 4, every 30 minutes x 2, every 1 hour x 2, every 2 hours x 4, then every 8 hours
- Turn, cough, and deep breathe every 2 hours until ambulatory
- Incentive spirometry every 2 hours while awake until discharge
- Notify provider if temperature greater than 100.5, pulse greater than 110, blood pressure less than 90/60, output less than 30 ml/hour
- Foley – Remove 1<sup>st</sup> POD 
- Foley – Remove 2<sup>nd</sup> POD
- Reinforce dressing as needed
- Change dressing \_\_\_\_\_

### Respiratory

- Pulse oximetry check with vital signs
- Pulse oximetry continuously
- Oxygen per cardiopulmonary (Protocol #O2)
- Oxygen administration @ \_\_\_\_\_ L/min via \_\_\_\_\_

### Diet

- NPO (may chew gum)
- NPO except ice chips and chew gum
- Diet, clear liquids
- Diet, clear liquids until active bowel sounds, then advance to general
- Diet, full liquids
- Other \_\_\_\_\_

### IV Fluids

- Lactated Ringers @ \_\_\_\_\_ mL/hour
- Sodium Chloride 0.9% @ \_\_\_\_\_ mL/hour
- D5 Lactated Ringers @ \_\_\_\_\_ mL/hour
- Lactated Ringers with 20meq KCl at \_\_\_\_\_ mL/hour
- Other: \_\_\_\_\_

Provider initials: \_\_\_\_\_



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### Medications

#### Analgesics

acetaminophen (TYLENOL)

- 650 mg PO every 4 hours PRN for fever or pain

ibuprofen (MOTRIN)

- 800 mg PO every 8 hours PRN for mild or moderate pain

propoxyphene-acetaminophen (DARVOCET N-100)

- 1 tablet PO every 4 hours PRN for moderate pain

acetaminophen-codeine 300 mg – 30 mg tab (TYLENOL with CODEINE # 3)

- 2 tablets PO every 6 hours PRN for moderate pain

oxycodone-acetaminophen 5 mg – 325 mg tab (PERCOCET)

- 1 tablet PO every 4 hours PRN for moderate or severe pain

morphine

- 1 mg IV every 5 minutes PRN for moderate or severe pain up to 10 mg every 1 hour  
(4 hour limit is 20 mg)

hydromorphone (DILAUDID)

- 0.5 mg IV every 15 minutes PRN for severe pain up to 2 mg every 4 hours

ketorolac (TORADOL) –

If General Anesthesia, start immediately –

If Regional Anesthesia, start 4 hours after surgery

- 30 mg IV every 6 hours for 4 doses
- 15 mg IV every 6 hours for 4 doses if patient is greater than 65 years of age
- 10 mg PO every 6 hours following IV doses (limit 4 days)

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### Antibacterial Prophylactic Agents

- ceftriaxone (ROCEPHIN)
  - 1 gram IV every 24 hours for 24 hours
- cefazolin (ANCEF)
  - 2 grams IV every 8 hours for 24 hours
- levofloxacin (LEVAQUIN)
  - 500 mg IV every 24 hours for 24 hours
- gentamin
  - pharmacy to dose IV for 24 hours
- clindamycin (CLEOCIN)
  - 600 mg IV every 8 hours for 24 hours
- metronidazole (FLAGYL)
  - 500 mg IV every 8 hours for 24 hours
- cefuroxime (ZINACEF)
  - 1.5 gram IV every 12 hours for 24 hours
- ertapenem (INVANZ)
  - 1 gram IV every 24 hours for 24 hours
- vancomycin (VANCOCIN)
  - 1 gram IV every 12 hours for 24 hours
- cefotaxime (CLAFORAN)
  - 1 gram IV every 6 hours for 24 hours
- ampicillin
  - 1 gram IV every 6 hours for 24 hours

**All antibiotics will be discontinued at 24 hours unless one of the following indications is marked:**

- Abscess
- Acute abdomen
- Bloodstream infection
- Bone infection
- Cellulitis
- Gangrene
- Fecal contamination
- H. pylori
- Necrotic/ischemic/infracted bowel
- Osteomyelitis
- Penetrating abdominal trauma
- Purulence, pus
- Pneumonia or other lung infection
- Sepsis
- Surgical site or wound infection
- Urinary tract infection
- Other \_\_\_\_\_

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### Antiemetics

ondansetron (ZOFTRAN)

- 4 mg IV every 4 hours PRN for nausea/vomiting

metoclopramide (REGLAN)

- 10 mg IV every 6 hours PRN for nausea/vomiting

promethazine (PHENERGAN)

- 12.5 mg IV every 4 hours PRN for nausea/vomiting

If Zofran and Reglan are ineffective, dilute drug using large patent vein (avoid hand or wrist veins);  
check patency of access site before administration; inject into furthest port and administer slowly  
over 10 to 15 minutes

- 25 mg rectally every 4 hours PRN for nausea/vomiting

### Anti-Ulcer Agents

esomeprazole (NEXIUM)

- 40 mg IV push every 24 hours

### Laxatives/Stool Softeners

docusate sodium (COLACE)

- 100 mg PO 2 times a day PRN for constipation

bisacodyl (DULCOLAX)

- 10 mg rectally daily PRN for constipation

Glycerin

- 3 grams rectally daily PRN for constipation

magnesium hydroxide (MILK OF MAGNESIA CONCENTRATED)

- 10 ml PO daily PRN for constipation

### Sedatives

zolpidem (AMBIEN)

- 5 mg PO daily, at bed time PRN for insomnia

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### Laboratory

- Hemoglobin and Hematocrit POD # 1
- Complete blood count (CBC) POD # 1
- Complete blood count (CBC) daily
- Basic metabolic panel (BMP) POD # 1
- Basic metabolic panel (BMP) daily
- Comprehensive metabolic panel (CMP) POD # 1
- Comprehensive metabolic panel (CMP) daily
- Partial thromboplastin time (PTT), activated daily
- Prothrombin time (PT) and international normalized ratio (INR) daily
- Other \_\_\_\_\_

### Blood Bank

- Transfusion, red blood cells (RBC), homologous \_\_\_\_\_ units and check H/H in 4 hours

### Immunizations (if indicated)

#### **Immunizations: Influenza Virus**

influenza virus vaccine, inactivated (AFLURIA; FLUZONE) October through March only

- 0.5 ml intramuscularly once

#### **Immunizations: Pneumococcal**

Pneumococcal 23 – valent vaccine (PNEUMOVAX)

- 0.5 ml intramuscularly once

### Other Orders

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### Venous Thromboembolism Prophylaxis (VTE) Anesthesia Time in Minutes \_\_\_\_\_

#### Moderate Risk (Score = 2)

##### Prophylaxis recommended:

- Sequential Compression Devices (SCD)

#### High Risk (Score = 3-4)

##### or Very High Risk (Score = 5 or more)

##### Prophylaxis recommended:

*Recommend Lovenox or Heparin in addition to pneumatic compression device.*

- Sequential Compression Devices (SCD)

enoxaparin (LOVENOX)

Do Not Use if Epidural in Place

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for CrCl less than 30 mL/min

heparin

- 5,000 units subcutaneously every 12 hours
- 7,500 units subcutaneously every 12 hours if patient's weight is greater than 200 lbs.

#### Check all factors & total for risk factor score:

- (1) Age 40-60 years
- (1) Leg swelling, ulcers, varicose veins
- (1) Pregnancy or postpartum less than 1 month
- (1) Estrogen therapy/Birth control pills
- (1) Inflammatory bowel disease
- (1) Obesity (greater than 20% over ideal body weight)
- (1) Family history of DVT
- (1) Minor surgery/Anesthesia time less than 1 hour
- (2) Anticipated bed confinement or immobilization more than 24 hours
- (2) Acute respiratory failure/severe COPD
- (2) Age greater than 60 years
- (3) Major surgery/Anesthesia time 60 minutes or greater
- (3) Malignancy and/or chemotherapy
- (3) Documented history of VTE
- (3) Congestive HF or Myocardial Infarction
- (3) Sepsis
- (5) Stroke with paralysis
- (5) Elective knee or hip arthroplasty
- (5) Hip, pelvis, or leg fracture
- (5) Major trauma or spinal cord injury

\_\_\_\_\_ **Total Risk Score**

#### If Risk Score 3 or greater, order Anticoagulants

#### Anticoagulants not prescribed due to:

- Patient is ambulatory
- Active hemorrhage
- Patient currently on anticoagulants
- Abnormal creatinine clearance
- Epidural/spinal catheter in place
- Patient has heparin induced thrombocytopenia
- Platelet count less than 100,000 mm3
- Severe trauma to head, spinal cord, or extremities with hemorrhage within the last 4 weeks
- Active intracranial lesion/neoplasms/monitoring devices
- Warfarin use in the first trimester of pregnancy
- Coagulopathy (PT greater than 18 sec, INR greater than 2)
- GI/GU hemorrhage within the past 6 months, history of cerebral hemorrhage
- Proliferative retinopathy
- Uncontrolled hypertension (SBP greater than 200, DBP greater than 120, or both)
- End stage liver disease

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

