Patient Identification Information

❑ SISTERS OF CHARITY HOSPITAL • Buffalo, NY ❑ SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
❑ KENMORE MERCY HOSPITAL • Kenmore, NY ❑ MERCY HOSPITAL • Buffalo, NY ❑ MERCY HOSPITAL Orchard Park division • Orchard Park, NY

Allergies & Sensitivities:

❑ No Known Allergies ☑ (Indicates automatic order. MD to draw line through orders to discontinue)

GYN AMBULATORY SURGERY DISCHARGE ORDERS

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

DATE:	TIME:	PRESCRIBER ORDERS

Diagnosis: Status post: ______________________________

❑ Vital signs as per protocol ❑ Vital signs every ______ hours X ________ hours

DIET: ❑ Regular as tolerated ❑ ________________________

ACTIVITY: ❑ Out of bed ad lib with assistance as needed ❑ ___________________

IV FLUIDS: ❑ Discontinue IV when awake and alert and tolerating PO fluids

❑ Straight catheter x 1 PRN

MEDICATIONS:

Nausea: ❑ Metoclopramide (Reglan) 10 mg IV every 6 hours PRN nausea
❑ Ondansetron (Zofran) 4 mg IV every 6 hours PRN nausea

Pain: ❑ Ibuprofen (Motrin) 600 mg PO every 6 hours PRN pain
❑ Ketorolac (Toradol) 15 mg IV every 6 hours PRN pain **for patients 65 years or older OR if creatinine clearance is less than 30 mL/min**
❑ Ketorolac (Toradol) 30 mg IV every 6 hours PRN pain

Other: ❑ ______________________________
❑ ______________________________

LABORATORY: ❑ ____________________ ❑ ________________________ ❑ ________________________

DISCHARGE: ❑ Discharge to home when awake, alert, tolerating PO fluids, and spontaneously voiding.

DISCHARGE INSTRUCTIONS:

DISCHARGE ACTIVITY:

❑ No lifting, pushing, pulling, exercising, or strenuous activity for ________________________.
❑ Resume normal activity on ________________ unless otherwise instructed.
❑ Nothing per vagina (tampons, douching, intercourse): ❑ Until Bleeding stops ❑ Until seen by physician.

DISCHARGE DIET: ❑ As tolerated

DISCHARGE MEDICATIONS:

❑ Refer to Discharge Medication Reconciliation form
❑ Ibuprofen (Motrin) 600 mg PO every 6 hours PRN pain
❑ ______________________________
❑ ______________________________

WOUND CARE:

❑ Keep incision/area of procedure site clean.
❑ You may shower on ________________.
❑ **NO** tampons. External pads only.

FOLLOW-UP APPOINTMENT: ❑ Follow up in office in _______________ days / weeks, patient to call for appointment.

SPECIAL INSTRUCTIONS:

❑ Patient to call physician for heavy vaginal bleeding; uncontrolled nausea/vomiting/diarrhea; increased pain; redness, tenderness, swelling of the legs; severe chills or fever over 101 Fahrenheit (F).
❑ ______________________________
❑ ______________________________

Prescriber Signature:______________________________

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