## Gynecologic Surgery Postoperative Orders

**DATE:**

**LEVEL OF CARE:**
- Admit to: ____________
- Observation ____________
- Ambulatory Surgery (ASU) ____________
- Inpatient ____________

**LOCATION:**
- GYN –Med Surg ____________
- Telemetry (indication) ____________
- Critical Care Unit ____________

**DIAGNOSIS:** Status Post: ____________

**ADMITTING PHYSICIAN:** ____________

**TIME:**

**PRESCRIBER ORDERS**

### 1. ACTIVITY:
- Bed rest ____________
- Out of bed with assistance PRN ____________

### 2. DIET:
- NPO ____________
- Clear Liquids ____________
- Regular ____________

### 3. NURSING ORDERS
- Foley to gravity ____________
- Discontinue Foley on Post-op Day # ____________ at _______ (time) ____________
- I & O every shift X 48 hours ____________
- Incentive Spirometry q 2h while awake ____________

### 4. IV FLUIDS:
- IV ____________ 1000 mL at _______ mL/hour X _______ liters ____________

### 5. MEDICATIONS:

#### Prophylactic Antibiotics
(Prophylaxis = less than 24 hrs post surgery, please document reason for antibiotic(s) if greater than 24 hrs):
- No prophylactic postoperative antibiotics (recommended) ____________
- Cefazolin (Ancef) 2 grams IV every 8 hours X 2 doses ____________
- Cefoxitin (Mefoxin) 2 grams IV every 6 hours X 3 doses ____________

**For patients with severe penicillin allergy or cephalosporin allergy only:**
- Clindamycin (Cleocin) 600 mg IV q 8 hrs X 2 doses + Aztreonam (Azactam) 1 gram IV q 8 hrs X 2 doses ____________

- Metoclopramide (Reglan) 10 mg IV every 6 hours PRN nausea ____________
- Ondansetron (Zofran) 4 mg IV every 6 hours PRN nausea ____________

- Ibuprofen (Motrin) 600 mg PO every 6 hours PRN pain ____________
- Ketorolac (Toradol) 30 mg IV every 6 hours around the clock x ____ doses ____________
- Patient Controlled Analgesia (see separate order form) ____________

**OTHER:** ____________

### 6. LABORATORY:
- CBC in am on ____________ in am on ____________

### 7. Venous Thromboembolism (VTE) Prophylaxis: Potential Exclusions (Procedure entirely laparoscopic, surgery less than or equal to 30 min, stay equal to or less than 24 hours.
- Sequential Compression Devices (recommended) until patient fully ambulatory ____________
- Heparin 5,000 units subcutaneously every 8 hours start: ____________
- Heparin 5,000 units subcutaneously every 12 hours start: ____________
- Enoxaparin (Lovenox) 40 mg subcutaneously once daily start: ____________
- No VTE Prophylaxis (reason): Not candidate ____________
- Contraindicated ____________

**Prescriber Signature:**

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