Catholic Health System

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)**

Gynecologic Surgery Postoperative Orders

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

DATE:	**TIME:**	**PRESCRIBER ORDERS**

Level of Care: Admit to: ❑ Observation ❑ Ambulatory Surgery (ASU) ❑ Inpatient
Location:: ❑ GYN –Med Surg ❑ Telemetry *(Indication)*_____ ❑ Critical Care Unit
Diagnosis: Status Post: _____
Admitting Physician: _____
❑ Vital signs per protocol ❑ Vital signs every____hours X _____hours
❑ Consultation: _____

☑ ***Notify MD if: BP systolic above 160 or below 90 or diastolic above 104, HR greater than 109, Temp greater than 100.4°F x 2 or above 101.5°F, Urine output below 240mL/8 hours***

1. ACTIVITY: ❑ Bed rest ❑ Out of bed with assistance PRN ❑ _____

2. DIET: ❑ NPO ❑ Ice ❑ 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

❑ Dressing care _____
❑ Drain care PRN
❑ Packing: ❑ Vaginal ❑ _____
❑ Remove on Day:_____ by: _____
❑ Other: _____

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

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) 30 mg IV every 6 hours around the clock x ___ doses
❑ Ketorolac (Toradol) 30 mg IV every 6 hours PRN pain
❑ 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 ❑ List (_____)

8.

9.

10.

Prescriber Signature:_____