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)**

Ambulatory Surgery Post-op 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: ❑ Ambulatory Surgery (ASU) ❑ Inpatient
Diagnosis: Status Post: _____

1. Vital Signs:
❑ Vital signs per unit policy

2. Diet:
❑ NPO until _____
❑ Clear liquids
❑ Regular diet
❑ Other: _____

3. Activity:

4. IV Fluids:
❑ NA
❑ IV Fluids: _____mL per hour
❑ Discontinue when tolerating PO fluid

5. Nursing
Dressing
- ❑ NA
- ❑ Keep dry and intact
- ❑ Remove in _____
- ❑ Apply ice for _____

❑ Blood Glucose Test (BGT) _____

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

7. Discharge:
❑ Discharge when criteria met
❑
❑

Prescriber Signature:_____