

UROLOGY POST-OP ORDERS



Check appropriate boxes:

Admit to \_\_\_\_\_ floor to Dr. \_\_\_\_\_

Inpatient  Observation  Telemetry

Diagnosis: \_\_\_\_\_

Consult Dr. \_\_\_\_\_ Reason: \_\_\_\_\_

I have called Dr. \_\_\_\_\_, add to his/her list.

DIET:  NPO  Regular  Other: \_\_\_\_\_

NURSING ORDERS:

Activity:  Up ad lib  Up with assistance  Bedrest  Up in chair with meals

Ambulate \_\_\_\_\_ times daily  Other: \_\_\_\_\_

Vital Signs:  Routine postop (every 15 min X 4, then every hour X4, then every 4 hours)

every 4 hours  Other \_\_\_\_\_

Daily Weights (no bed scale if able to stand)

Foley care

Intake and Output

Strict I&O

Notify for new onset of temp > 100.6 degrees

Turn, Cough, and Deep Breath every two hours X 24 hours

Incentive Spirometry every hour while awake X 24 hours

Dressing changes: \_\_\_\_\_

Drains: \_\_\_\_\_

LABS/RADIOLOGY/OTHER TEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS:

IV \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  INT

DVT Prophylaxis:

Mechanical:  SCDs

Pharmacological: (For cystectomy and other cases based on risk assessment)

Enoxaparin (Lovenox) 40 mg SQ daily

Enoxaparin (Lovenox) 30 mg SQ daily for CrCl < 30.

Heparin 5000 units SQ every 8 hours

Heparin 5000 units SQ every 12 hours (recommended for < 50 kg or Age > 75)

Anticoagulation Contraindications

Bleeding Risk

Other documented reason: \_\_\_\_\_

Continue home maintenance beta-blocker therapy:

Drug/Dose: \_\_\_\_\_ (Hold for HR < 60 and/or SBP < 100)

For NPO patients: metoprolol 5 mg IV q 4 hours prn HR > 60 (hold for SBP < 100)

Not ordered due to low SBP

Physician Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_

▼ Patient Label ▼



UROLOGY POST-OP ORDERS

**UROLOGY POST-OP ORDERS**



**POST OP MEDICATIONS:(Antibiotics to end within 24 hours of pre-op dose.)**

If post-op antibiotics continued past 24 hours from incision, please document

Type of post-op infection suspected: \_\_\_\_\_

PostOP Antibiotics: \_\_\_\_\_

**PCA Pain Management**

Morphine (preferred) 1mg/ml: patient administered dose \_\_\_\_\_ mg (range 1-5mg) every \_\_\_\_\_ min (range 6-10); 4 hour limit \_\_\_\_\_ mg (max 100mg).

Hydromorphone 1mg/ml: patient administered dose \_\_\_\_\_mg/ml (range 0.1mg – 2 mg) every \_\_\_\_\_ min (range 6-10); 4 hour limit \_\_\_\_\_mg

Upon starting PCA therapy, monitor pain scale, respiratory rate, and sedation level every 30 minutes X 4, then every 1 hour X 4, then every 4 hours and record in the Pain section on the Patient Care Flowsheet.

**PAIN MANAGEMENT:**

Oxycodone/APAP (Percocet) 5/325 mg one tablet PO every 4 hours PRN pain

Ketorolac (Toradol): 30 mg IV q 6 hours prn pain

Ketorolac (Toradol): 15 mg IV q 6 hours prn pain, if over 65 years of age or renal impairment

Other Orders:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**POA INDICATOR:**

**Diagnoses present or not present on admission**

| Secondary diagnosis/problems (this information can affect the patient's severity level) |            |           | Indicate whether the condition was present on the patient's arrival at the hospital |
|---|------------|-----------|---|
| <b>1. Pressure Ulcer</b>  | <b>Yes</b> | <b>No</b> | <b>If yes, document site (s):</b><br>_____<br>_____<br>_____                        |
| <b>2. Foley catheter related UTI</b>  | <b>Yes</b> | <b>No</b> |   |
| <b>3. Central Venous catheter associated infection</b>                                  | <b>Yes</b> | <b>No</b> |   |
| <b>4. Poor glycemic control</b>   | <b>Yes</b> | <b>No</b> |   |
| <b>a. uncontrolled on admission</b>   |            |           |   |
| <b>b. admitted with DKA, coma or hyperosmolarity</b>                                    | <b>Yes</b> | <b>No</b> |   |

Physician Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_



**UROLOGY POST-OP ORDERS**

▼ Patient Label ▼