DIRECTIONS: Check boxes to activate orders. Cross out any orders to delete.

ADMIT TO: ____________________
ADMITTING SURGEON ________________________________________________

DIAGNOSIS: ________________________________________________________________________________________________
S/P: _____________________________________________________________________________________________________

ALLERGIES: [ ] No Known Drug Allergies [ ] Other: ___________________________________________________________

VITAL SIGNS: [ ] Every hour x 4, then every 4 hours; Include [ ] vascular checks [ ] neurological checks
[ ] Per ICU Routine

I & O’s: [ ] Every 4 hrs on day of surgery, then every 12 hrs [ ] Per ICU Routine

INTRAVENTOUS FLUIDS: __________________________ at ______ mL/hr

D I E T: [ ] NPO [ ] Clear Liquids [ ] Full Liquids [ ] Regular
[ ] Advance to regular as soon as tolerated [ ] Heart Healthy [ ] No concentrated sweets
[ ] Other: __________________________________________________________

OXYGEN THERAPY: ___________ L/min via nasal cannula; Wean off POD #1 if O₂ sat greater than 94% on room air
Pulse oximetry: [ ] every hour x 4, then every 4 hours [ ] continuous

INCENTIVE SPIROMETRY: [ ] 10 times every hour, while awake [ ] Encourage patient to cough / deep breath

ACTIVITY: [ ] Bedrest [ ] Dangle this PM [ ] OOB to ambulate, progress as tolerated start POD #1
[ ] Ad Lib [ ] Other: __________________________________________________________
[ ] Nothing per Rectum [ ] Ostomy care per protocol [ ] Enterostomal Therapy Nurse consult

WOUND CARE: [ ] Reinforce initial dressing to operative site PRN
[ ] Remove & replace initial dressing to operative site when saturated PRN
[ ] Dry sterile dressing to incision PRN after initial dressing removed
[ ] Begin on POD #1, change dressing every ________ [ ] Provide Dermabond® Instructions to patient
[ ] Other: __________________________________________________________

POST-OP DRAIN/ TUBE CARE:
[ ] Nasogastric (NG) tube to [ ] low continuous [ ] intermittent wall suction
[ ] Gastric (G-tube) tube to gravity
[ ] Foley catheter to gravity
[ ] Straight catheter if no void by ________; May leave foley in place if residual greater than 400 mL.
[ ] Jackson Pratt (JP) to [ ] bulb/self suction [ ] wall suction
[ ] Hemovac to [ ] bulb/self suction [ ] wall suction
[ ] Other: __________________________________________________________

DVT PREVENTION: [ ] Sequential compression device (SCD) / leg squeezers to lower extremities; Remove every shift, inspect skin, then reapply
[ ] Anti-embolic thigh length stockings (eg, TEDS®); Remove every shift, inspect skin, then reapply

LABS/TESTS: [ ] CBC in AM [ ] BMP in AM [ ] Other: __________________________________________________

CALL MD FOR: SBP: < ________ mmHg or > ________ mmHg DBP: > ________ mmHg
HR: < ________ beats per min or > ________ beats per min
RR: < ________ breaths per min or > ________ breaths per min
SaO₂: < ________ % sustained with Oxygen
Temp: > 101.5°F
Urine output: < 30 ml/hr for ≥ 4 hr period
Initial incisional dressing saturated

PHYSICIAN SIGNATURE: __________________________________________ ID#: ________ DATE: __________ TIME: __________

NOTED RN: __________________________________________ ID#: ________ DATE: __________ TIME: __________