



**Bethesda Regional Health
Centre/Hôpital Ste-Anne
Hospital Adult General
Surgery Post-Operative
STANDARD ORDERS**

MEDICATION ORDERS	GENERAL ORDERS
<p>These orders are to be used as a guideline and do not replace sound clinical judgement and professional standards.</p> <p><input checked="" type="checkbox"/> Automatically activated (if not in agreement cross out and initial) <input type="checkbox"/> Activated by checking the box</p>	
<p>Allergies <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list and describe)</p>	<p>Wt.: _____ kg <input type="checkbox"/> Estimate <input type="checkbox"/> Actual</p>
<p>Antibiotics Postoperative doses for prophylaxis antibiotics are not routinely indicated, if necessary use only for 24 hours</p> <p><input type="checkbox"/> ceFAZolin _____ gram(s) IV every 8 hours x _____ dose(s)</p> <p><input type="checkbox"/> metronIDAZOLE 500 mg IV every 8 hours x _____ dose(s)</p> <p>Alternative Regimens if allergy to cefazolin, or severe non-IgE-mediated reaction to any β-lactam:</p> <p><input type="checkbox"/> Clindamycin 600 mg IV every 8 hours x _____ dose(s)</p> <p><input type="checkbox"/> Other _____</p> <p>Analgesics</p> <p><input type="checkbox"/> Acetaminophen 500 to 1000 mg PO QID PRN</p> <p><input type="checkbox"/> Acetaminophen with codeine 300/30 mg PO Q4-6H PRN</p> <p><input type="checkbox"/> Acetaminophen 325 to 650 mg PR suppository Q4-6H PRN</p> <p>Note-maximum 4000mg Acetaminophen/24 hours</p> <p><input type="checkbox"/> Ibuprofen 400 mg PO TID PRN</p> <p><input type="checkbox"/> Naproxen 500 mg PO TID PRN</p> <p><input type="checkbox"/> Diclofenac 50 to 100 mg PR suppository once daily PRN</p> <p><input type="checkbox"/> Ketorolac _____ mg (usual 15 to 30 mg) IV Q6H PRN (max 120mg/24 hours x 2 days)</p> <p><input type="checkbox"/> Morphine _____ mg (usual 1 to 5 mg) IV Q _____ H (usual Q2-4H) PRN</p> <p><input type="checkbox"/> Morphine _____ mg (usual 2.5 to 5 mg) PO Q _____ H (usual Q4-6H) PRN</p> <p><input type="checkbox"/> fentaNYL 50 mcg IV, then may repeat 50 mcg IV in 5 minutes x 1, then may repeat 50 mcg IV Q30 minutes (Max 200mcg) PRN</p> <p><input type="checkbox"/> HYDROmorphine _____ mg (usual 0.2 to 0.5 mg) IV Q _____ H (usual Q3-4H) PRN</p> <p><input type="checkbox"/> HYDROmorphine _____ mg (usual 0.5 to 2 mg) PO Q _____ H (usual Q4-6H) PRN</p>	<p>Vital Signs (Blood Pressure, Pulse, Respirations, Temp, SpO₂)</p> <p><input checked="" type="checkbox"/> If no sedation/anesthetic-Upon arrival x 1</p> <p><input checked="" type="checkbox"/> Conscious sedation-Upon arrival and every 5 minutes and prn until meet pre-procedure baseline vital signs</p> <p><input checked="" type="checkbox"/> General/spinal anesthesia-Upon arrival, every 5 minutes x2, every 15 minutes for half of OR time or minimum of 1 hour, then</p> <p><input checked="" type="checkbox"/> Day 0-Every 1-hour x 4 upon admission to post-surgical unit, every 4 hours for 24 hours, then</p> <p><input checked="" type="checkbox"/> Reassess if frequency can be reduced to QID PRN</p> <p>Oxygen</p> <p><input checked="" type="checkbox"/> Discontinue O₂ if able to maintain oxygen saturations greater than 92%</p> <p><input checked="" type="checkbox"/> Accurate intake & output</p> <p>Nutrition</p> <p><input checked="" type="checkbox"/> If anesthesia, no alcohol for 24 hours</p> <p><input type="checkbox"/> Diet-Increase as tolerated.</p> <p><input type="checkbox"/> Other: _____</p> <p>Investigations (bloodwork, diagnostics)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Activity</p> <p><input checked="" type="checkbox"/> If post anesthesia, no driving for 24 hours</p> <p><input type="checkbox"/> Activity as tolerated, ambulate 4 times daily starting postoperative day 0</p> <p><input type="checkbox"/> Limit activity for 24 hours</p> <p><input type="checkbox"/> Other: _____</p>
<p>Prescriber Signature: _____</p>	<p>Date: _____ Time: _____</p>
<p>Order Transcribed: Date: _____ Time: _____ Initials: _____</p>	<p>Fax/scan to Pharmacy: Date: _____ Time: _____ Initials: _____</p>



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<p>Narcotic Antagonist</p> <ul style="list-style-type: none"> ■ Naloxone 0.1mg IV/IM/subcutaneous q2 minutes until responsive and/or respiratory rate greater than 10 breaths/minute (max 4 doses = max 0.4mg) <p>Antiemetics</p> <ul style="list-style-type: none"> <input type="checkbox"/> dimenhydrinate 25 to 50 mg PO/IV/IM/PR Q4H PRN <input type="checkbox"/> Ondansetron 4 to 8 mg IV BID PRN <p>Antianxiety</p> <ul style="list-style-type: none"> <input type="checkbox"/> LORazepam 1 to 2 mg sublingual/PO Q12H PRN <p>Intravenous Solutions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ringer's Lactate IV at _____ mL/hour <input type="checkbox"/> Normal Saline IV at _____ mL/hour <input type="checkbox"/> Dextrose 5%/ 0.45% Normal Saline IV at _____ mL/hour <input type="checkbox"/> Potassium Chloride (KCL) 20 mmol in 0.9% Normal Saline IV at _____ mL/hour <input type="checkbox"/> Potassium Chloride (KCL) 40 mmol in 0.9% Normal Saline IV at _____ mL/hour <input type="checkbox"/> Potassium Chloride (KCL) 20 mmol in 0.45% Normal saline IV at _____ mL/hour <input type="checkbox"/> Potassium Chloride (KCL) 20 mmol in 5% Dextrose/0.45% Normal Saline IV at _____ mL/hour <input type="checkbox"/> Potassium Chloride (KCL) 40 mmol in 5% Dextrose/0.45% Normal Saline IV at _____ mL/hour <ul style="list-style-type: none"> ■ Discontinue IV when drinking well 	<p>Discharge</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge home when voiding QS, tolerating oral fluids, pain tolerable on PO meds, prescription obtained if needed. <input type="checkbox"/> Discharge home after 0800hrs next day <input type="checkbox"/> Call surgeon for discharge order ■ Provide written discharge instructions ■ Provide written teaching instructions <p>Follow up in _____ (number) of weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient to make appointment <input type="checkbox"/> Clinic will call patient to make appointment <p>Surgeon specific instructions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Prescriber Signature: _____</p>	<p>Date: _____ Time: _____</p>
<p>Order Transcribed: Date: _____ Time: _____ Initials: _____</p>	<p>Fax/scan to Pharmacy: Date: _____ Time: _____ Initials: _____</p>