

Post-Operative Adult Urology STANDARD ORDERS

MEDICATION ORDERS	GENERAL ORDERS
These orders are to be used as a guideline and do not replace sound clinical judgement and professional standards.	
 Automatically activated (if not in agreement cross out and initial) 	☐ Activated by checking the box
Allergies □ Unknown □ No □ Yes (If yes, list and describe)	Wt.:kg □ Estimate □ Actual
Antibiotics	Vital Signs
Postoperative doses for prophylaxis antibiotics are not routinely	(Blood Pressure, Pulse, Respirations, Temp, SpO ₂)
indicated, if necessary use only for 24 hours	■ If no sedation/anesthetic-Upon arrival x 1
☐ ceFAZolin gram(s) IV every 8 hours x dose(s)	■ Conscious sedation-Upon arrival and every 5 minutes and prn
☐ metroNIDAZOLE 500 mg IV every 8 hours x	until meet pre-procedure baseline vital signs
dose(s)	■ General/spinal anesthesia-Upon arrival, every 5 minutes x2,
Alternative Regimens if allergy to cefazolin, or severe non-IgE-	every 15 minutes for half of OR time or minimum of 1 hour,
mediated reaction to any β-lactam:	then
☐ Clindamycin 600 mg IV every 8 hours x dose(s)	■ Day 0-Every 1-hour x 4 upon admission to post-surgical unit,
□ Other	every 4 hours for 24 hours, then
	■ Day 1-Every 6 hours,
Analgesics	■ Day 2-Every 8 hours,
☐ Lidocaine 2% topical jelly PRN x1 for Foley catheter	■ Day 3-Every 12 hours
insertions or manipulations	
Acetaminophen 500 to 1000 mg PO QID PRN	Oxygen
Acetaminophen with codeine 300/30 mg PO Q4-6H PRN	■ Discontinue 0 ₂ if able to maintain oxygen saturations greater
Acetaminophen 325 to 650 mg PR suppository Q4-6H PRN	than 92%
Note-maximum 4000mg Acetaminophen/24 hours	Canthaurinana
☐ Ibuprofen 400 mg PO TID PRN	Genitourinary
□ Naproxen 500 mg PO TID PRN	□ No need to monitor voids
Diclofenac 50 to 100 mg PR suppository once daily PRN	Call surgeon if urine output less than 100 mLs in 4 hours
☐ Ketorolacmg (usual 15 to 30 mg) IV Q H (usual Q4-6H) PRN (max 120mg/24 hours x 2 days)	☐ Discontinue Foley catheter: ☐ 2 hours ☐ 4 hours ☐ Other:
☐ Morphine mg (usual 1 to 5 mg) IV Q H	☐ If PVR scan greater than mLs: Straight catheterize and
(usual Q2-4H) PRN	discharge home
☐ Morphine mg (usual 2.5 to 5 mg) PO Q H	OR
(usual Q4-6H) PRN	☐ Straight catheterize and monitor voids and discharge once PVR
fentaNYL 50 mcg IV, then may repeat 50 mcg IV in 5	less than mLs
minutes x 1, then may repeat 50 mcg IV Q30 minutes	OR
(Max 200mcg) PRN	☐ Insert size Foley catheter and discharge
☐ HYDROmorphone mg (usual 0.2 to 0.5 mg) IV QH	Patient to remove in days
(usual Q3-4H) PRN	☐ Titrate continuous bladder irrigation PRN for clear returns
☐ HYDROmorphone mg (usual 0.5 to 2 mg) PO Q H	■ Accurate intake & output
(usual Q4-6H) PRN	·
	Nutrition
Narcotic Antagonist	■ If anesthesia, no alcohol for 24 hours
■ Naloxone 0.1mg IV/IM/subcutaneous q2 minutes until	☐ Diet-Increase as tolerated.
responsive and/or respiratory rate greater than 10	☐ Other:
breaths/minute (max 4 doses = max 0.4mg)	
Prescriber Signature:	Date: Time:
Order Transcribed: Date:Time:	Fax/scan to Pharmacy: Date: Time:
Initials:	Initials:



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Antiemetics dimenhyDRINATE 25 to 50 mg PO/IV/IM/PR Q4H PRN Ondansetron 4 to 8 mg IV BID PRN Antianxiety LORazepam 1 to 2 mg sublingual/PO Q12H PRN Bladder spasms Oxybutynin 5 mg PO Q8-12H PRN Note: May increase risk for constipation/urinary retention when used with any Opioid like Hydromorphone. Intravenous Solutions Ringer's Lactate IV at mL/hour Dextrose 5%/ 0.45% Normal Saline IV at mL/hour Potassium Chloride (KCL) 20 mmol in 0.9% Normal Saline IV at mL/hour Potassium Chloride (KCL) 40 mmol in 0.9% Normal Saline IV at mL/hour Potassium Chloride (KCL) 20 mmol in 0.45% Normal saline IV at mL/hour Potassium Chloride (KCL) 20 mmol in 5% Dextrose/0.45% Normal Saline IV at mL/hour Potassium Chloride (KCL) 40 mmol in 5% Dextrose/0.45% Normal Saline IV at mL/hour Potassium Chloride (KCL) 40 mmol in 5% Dextrose/0.45% Normal Saline IV at mL/hour Discontinue IV when drinking well	Investigations (bloodwork, diagnostics) Activity If post anesthesia, no driving for 24 hours Activity as tolerated, ambulate 4 times daily starting postoperative day 0 Limit activity for 24 hours Other: Discharge Discharge home when voiding QS, tolerating oral fluids, pain tolerable on PO meds, prescription obtained if needed. Discharge home after 0800hrs next day Call surgeon for discharge order Provide written discharge instructions Provide written teaching instructions Follow up in (number) of weeks Patient to make appointment Clinic will call patient to make appointment Surgeon specific instructions:
Prescriber Signature:	Date: Time:
Order Transcribed: Date:Time:	
Initials:	Fax/scan to Pharmacy: Date: Time: Initials: