

Hospitalize as: ☐ Inpatient ☐ Outpatient

Care of Dr. _____

Code Status: _____

- ☐ Medical consult with Dr. _____ Hospitalist for medical treatment of _____.
- ☐ Treatment Agreement for Substance Use Disorder

All "pre-checked" orders will automatically be enacted unless a specific order is written to the contrary. Any additional orders must be "checked" to activate.

Diet:

- ☐ Basic Diet ☐ NPO ☐ Advance diet as tolerated ☐ Tonsil diet
- ☐ Liquid Diet ☐ 1 clear liquid TID ☐ Place NPO after midnight for: _____

Patient Care Orders:

☒ **Initiate Clostridium difficile (C.diff) Identification Protocol IC-28**

- ☒ Vital signs q 15 min X 4, q 30 min X 2, Q1 hr X 4, then continue monitoring as condition warrants.
- ☐ Change nasal drip pad prn; notify provider if pad soaks through in less than 1 hour
- ☒ Initiate Inpatient Skin Breakdown Prevention Protocol PC-102
- ☐ Wound Care: Reinforce Dressing PRN
- ☒ Out of bed when well awake
- ☐ Crushed ice in glove to forehead/eyes 10 minutes on, 10 minutes off while awake for 48 hours
- ☐ Rest voice for 72 hours. Avoid whispering/shouting.
- ☒ Post-operative self-care and management education

Print the following orders if indicated for the patient:

6011-03MR – DVT Prophylaxis

6024-05MR – Telemetry

7130-28MR – Glycemic Protocol

6171-35MR – Nicotine Replacement Therapy

Position:

- ☐ Supine
- ☐ HOB elevated _____ degrees

Post-op Trach orders:

- ☐ Suction q 15 min X 4; then q 1 hr X 4, then as needed
- ☐ Change trach dressing BID
- ☐ Change/clean inner cannula BID and PRN for first week and then daily
- ☐ Do not change trach ties until after first trach change
- ☐ Replacement trach in room or in Pyxis
- ☐ Cuff orders (respiratory): deflate cuff, suction, re-inflate BID

Pulmonary:

- ☐ Oxygen per hour humidified O2 @ 35% via shovel mask; notify physician for sat < _____.
- ☐ Oxygen Saturation Monitoring
- ☐ Oxygen per hour per nasal cannula @ _____ liters per minute

Adult Medications:

- If choosing more than one medication from the same class, indicate order and priority of use.

- ☐ Sennosides-Docusate (Senokot-S) 2 TABLET PO HS. Increase dosage to maximum of 4 tablets BID as needed for bowel management while taking narcotics. Hold for loose stools.
- ☐ Sennosides-Docusate (Senokot-S) 4 TABLET PO BID PRN. Increase dosage from 2 tablets at bedtime to a maximum of 4 tablets BID as needed for bowel management while taking narcotics. Hold for loose stools.

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Antibiotics:

- If Vancomycin or Levaquin was given pre-op, no need for post-op dose.
- Order if no cephalosporin allergy or "Type 1" penicillin allergy (hives, angioedema, anaphylaxis)

Pharmacy will auto correct the dose based on weight if the wrong option is chosen

- For patients weighing less than 120 kg:
 - ☐ Cefazolin-D5W (Ancef/Kefzol Duplex) 2 G IV Q8H X 2 doses. First dose given at _____ in _____
- For patients weighing 120 kg or more:
 - ☐ Cefazolin-NS (Ancef/Kefzol) 3 G IV Q8H X 2 doses. First dose given at _____ in _____

For clean-contaminated procedures including cancer surgery:

- ☐ Ampicillin-Sulbactam-NS (Unasyn-IV AddVant) 3 G IV Q 6H X 3 doses. First dose given at _____ in _____

The following alternative agents may be used in patients with B-lactam allergy:

- ☐ Clindamycin-D5W (Cleocin-IV Premix) 900 MG IV Q8H X 2 doses. First dose given at _____ in _____

Steroids:

- ☐ Dexamethasone (Decadron) _____ mg IV q _____ hrs X _____ doses

Antiemetics

- ☐ Ondansetron (Zofran) 4 mg IV Q 6H PRN for nausea/vomiting; if ineffective after one dose, use Phenergan
- ☐ Promethazine (Phenergan) 12.5 mg/NS IV Q6H PRN nausea/vomiting; use if Zofran is ineffective after one dose. Infuse over at least 10 minutes. Caution: extravasation causes severe tissue damage.
- ☐ Promethazine (Phenergan) 25 mg/NS IV Q6H PRN nausea/vomiting; use if Zofran is ineffective after one dose. Infuse over at least 10 minutes. Caution: extravasation causes severe tissue damage.

Ear Drops:

- ☐ Ciprofloxacin 0.3% Ophthl (Ciloxan 0.3%) 2-3 drops in affected ear (s) prior to discharge X 2 doses
- ☐ Ciprofloxacin-Dexameth (Ciprodex) 4-5 drops in affected ear(s) prior to discharge X 2 doses.
- ☐ Neomycin-Polymyx-HC (Cortisporin Ophthalmic) 4-5 drops in affected ear (s) prior to discharge X 2 doses.

Nasal Medications:

- ☐ Sodium Chloride Nasal (Ocean 0.65% Nasal) 2 Spray Nasal Q 1H while awake
- ☐ Sodium Chloride Nasal (Ocean 0.65% Nasal) 2 Spray Nasal Q 4H
- ☐ Bacitracin-Neo-Polym-HC (Cortisporin Ointment) dab on q-tip to each nostril QID. Do not insert q-tip more than one inch.
- ☐ Bacitracin Ointment dab on q-tip to each nostril QID. Do not insert q-tip more than one inch.
- ☐ Oxymetazoline 0.05% Nasal (Afrin 0.05%) 1 spray nasal BID. Not recommended for use in patients younger than 6 yrs old.

Analgesics: Non-opioid (Gen Surg)

- ☐ Acetaminophen 650 mg/20.3 ml (Tylenol Soln) 650 mg PO Q4H PRN for mild pain/headache/temp > 38.6. Do not exceed 4 grams of acetaminophen per 24 hours from all sources.

Analgesics: Opioid

- If choosing more than one medication from the same class, indicate order and priority of use.
- For severe pain/breakthrough pain use IV pain medication or call surgeon
 - ☐ Morphine 1 mg IV Q1H PRN mild pain. If PO and IV ordered, use IV if unable to tolerate PO or PO ineffective.
 - ☐ Morphine 2 mg IV Q1H PRN moderate pain. If PO and IV ordered, use IV if unable to tolerate PO or PO ineffective.
 - ☐ Morphine 4 mg IV Q1H severe pain. If PO and IV ordered, use IV if unable to tolerate PO or PO ineffective.
 - ☐ Oxycodone 5mg/5mL (Oxycodone Oral Soln) _____ ml PO Q _____ hrs PRN moderate pain.
 - ☐ Oxycodone/Acetaminophen - 5 / 325 (Percocet-5 / 325) _____ TAB PO Q _____ hrs PRN moderate pain
 - ☐ Hydrocodone/Acetaminophen - 5/325 (Norco/Vicodin) _____ TAB PO Q _____ hrs PRN moderate pain
 - ☐ Hydrocodone/Acetaminophen - 7.5 mg/325 mg/15 ml (Lortab Elixir) _____ ml PO Q _____ hrs PRN moderate pain
 - ☐ Tramadol (Ultram) 50 mg PO Q 6H PRN moderate pain

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Pediatric Medications

Antiemetics

- ☐ Ondansetron (Zofran) 0.1 mg/kg IV Q8H PRN for 24 hours for nausea/vomiting. Give IV push over 2–5 minutes. Maximum dose 4 mg/dose
- ☐ Promethazine (Phenergan Rectal) 12.5 mg PR Q6H PRN nausea/vomiting for children 2 years or older. 12.5mg recommended for patients weighing from 9kg to 19 kg.
- ☐ Promethazine (Phenergan Rectal) 25 mg PR Q6H PRN for nausea/vomiting for children 2 years or older. 25 mg recommended for pts weighing greater than 19 kg.

Analgesics

- Max dose of acetaminophen from ALL SOURCES: 75mg/kg/day OR if older than 12 years, 4 gm/day
 - ☐ Acetaminophen (Tylenol Children's Susp) 10 mg/kg PO Q4H PRN for mild pain
 - ☐ Oxycodone 5mg/5mL (Oxycodone Oral Soln) 0.1 mg/kg PO Q4hrs PRN moderate pain. Max dose: 5 mg/dose
 - ☐ Hydrocodone–Acetamin – 5/325 (Vicodin – 5/325) 1 TABLET PO Q4H PRN moderate pain. Base dose on Hydrocodone component. Max dose up to 40 kg: 5 mg/dose. Max dose over 40 kg: 7.5 mg/dose.
- Lortab: Use of Lortab has not been established for safe use in children less than 2 yrs or less than 12 kg.
 - ☐ Hydrocodone–Acetamin (Lortab – 7.5/325 Soln) 0.135 mg/kg PO Q4H PRN moderate pain. Base dose on Hydrocodone component. Max dose up to 40 kg: 5 mg/dose. Max dose over 40 kg: 5 mg/dose
 - ☐ Morphine 0.05 mg/kg per dose IV Q2H PRN severe pain. Max dose: 0.1 mg / kg / dose. If PO and IV ordered, use IV if unable to tolerate PO or PO ineffective.

IV Fluids

- ☐ Dextrose 5% Lactated Ringers 1000 ml @ ____ml/hr
- ☐ Dextrose 5% – 0.45 % NaCl 1000 ml @ ____ml/hr
- ☐ Dextrose 5% – 0.45% NaCl +KCl 10 mEq 1000 ml @ 100 ml/hr
- ☐ Lactated Ringer 1000 ml @ ____ml/hr
- ☐ Sodium Chloride 0.225% (1/4 NS) 1000 ml @ ____ml/hr

Saline Lock/Flushes

- ☒ Saline Lock
- ☒ Sodium Cl 0.9% Flush Syringe (N/S) 10 ml IV PRN
- ☒ Sodium Cl 0.9% Flush Syringe (N/S) 10 ml IV Q12H

Consults

- ☐ Physician Consult

Notify Provider:

- ☒ If HR > 110 or < 60
- ☒ If SBP > 180 or < 90; DBP > 100
- ☒ If temp > 38.6
- ☒ For difficulty swallowing, stridor, and/or tongue swelling
- ☒ For O2 sat less than _____

PHYSICIAN SIGNATURE

DATE / TIME

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