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

**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 02 @ 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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Wentworth–Douglass Hospital
PHYSICIAN ORDERS

Otolaryngology Service Post–operative Orders

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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
Pediatric Medications

**Antiemetics**
- Ondasertron (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. 12.5 mg recommended for patients weighing from 9 kg 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 02 sat less than ________________

**Physician Signature**

**Date / Time**

Wentworth–Douglass Hospital

**Physician Orders**

**Otolaryngology Service Post–operative Orders**

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