

Post-Operative Gynecological Surgery Orders

Only those items marked will be carried out

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10. **Treatment:**

- O2 to maintain SpO2 greater than 92%
- Turn, cough deep breath every 2 hours times 24 hours
- Aqua pad to abdomen prn pain
- Abdominal binder
- Remove abdominal dressing first post-operative morning after shower
- Remove vaginal packing first post-operative morning
- Check vaginal discharge every 2 hours times _____ hours
- Incentive spirometer algorithm
- Other: _____

11. **► DVT Prophylaxis:**

- Sequential compression device (remove every 8 hours for 1 hour and replace) Discontinue when ambulating
OR
- Venous foot pump (remove every 8 hours for 1 hour and replace) **Use only if SCDs cannot be applied**
Discontinue, if applicable, when ambulating

Only to be given after epidural has been removed

- Enoxaparin (Lovenox) 40 mg subcutaneously every day - Start at _____
OR
- Enoxaparin (Lovenox) 30 mg subcutaneously every day - Start at _____
OR

Pharmacologic Prophylaxis Contraindicated due to: (Check at least one and/or fill in appropriate blanks)

- High risk for bleeding
 - Patient is at risk for bleeding, no anticoagulants
 - Patient on continuous IV heparin therapy within 24 hours before or after surgery or both
 - Patient received neuraxial anesthesia
- Patient refusal, but must be documented in the first 24 hour time frame
- Other: _____

12. **Pain Medications:**

- Epidural per Anesthesia orders

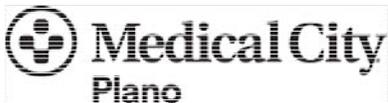
► Indicates Core Measure

Initiate PCA only after epidural has been discontinued

Discontinue all other opioids and re-evaluate the need for drugs with sedating properties
If additional opioids beyond those listed in this order set are required, a separate order must be written
Consider co-existing disease states, patient age, and medications prior to initiating orders

Moderate to Severe Pain (Pain Scale 7 - 10)

Date: _____ Time: _____ Physician Signature: X



3901 West 15th Street
Plano, Texas 75075
(972) 596-6800

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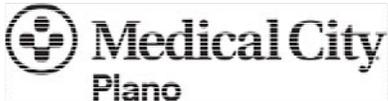
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Analgesia PCA Infusion (NOT EQUIPOTENT CONCENTRATIONS)

<input type="checkbox"/> Morphine 1 mg per ml	<input type="checkbox"/> Fentanyl 10 mcg per ml	<input type="checkbox"/> Hydromorphone (Dilaudid) 1 mg per ml
Loading Dose: _____ mg Range: 2 mg - 10 mg (Suggested loading dose: 2 mg)	Loading Dose: _____ mcg Range: 20 mcg - 40 mcg (Suggested loading dose: 25 mcg)	Loading Dose: _____ mg Range: 0.4 mg - 1 mg (Suggested loading dose: 0.4 mg)
Continuous (Basal) Rate: _____ mg / hour (Suggested Range: 0.5 - 1.5 mg / hour)	Continuous (Basal) Rate: _____ mcg / hour (Suggested Range: 0 - 10 mcg / hour)	Continuous (Basal) Rate: _____ mg / hour (Suggested Range: 0.1 mg / hour)
Intermittent PCA Dose: _____ mg Range: 0.5 mg - 2 mg (Suggested intermittent dose: 2 mg {start at 1 mg})		Intermittent PCA Dose: _____ mg Range: 0.1 mg - 0.4 mg (Suggested intermittent dose: 0.1 - 0.3 mg {start at 0.1 mg})
Lockout Interval: _____ minutes Range: 5 - 99 minutes (Suggested: 6 - 10 minutes)	Lockout Interval: _____ minutes Range: 5 - 99 minutes (Suggested: 4 - 8 minutes)	Lockout Interval: _____ minutes Range: 5 - 99 minutes (Suggested: 6 - 10 minutes)
Four Hour Limit: _____ mg (Suggested range limit: 20 - 30 mg) 4 hour limit calculated to equal PCA plus Basal dose	Four Hour Limit: _____ mcg (Suggested range limit: 3 mcg / kg or 300 mcg) 4 hour limit calculated to equal PCA plus Basal doses	Four Hour Limit: _____ mg (Suggested range limit: 2 - 6) 4 hour limit calculated to equal PCA plus Basal doses
Booster Dose: _____ mg every _____ hours Range 0.5 - 5 mg Booster dose is not included in 4 hour limit		Booster Dose: _____ mg every _____ hours Range: 0.1 mg - 0.4 mg Booster dose is not included in 4 hour limit

13. ***Note: Consider oxygen therapy and pulse oximetry in patients at high risk for respiratory compromise.**
- Oxygen _____ L / M by _____ Face Mask _____ Nasal Cannula
 - Continuous Pulse Oximetry
14. **For Over sedation:** Respirations less than 10 and somnolent (minimum or no response to stimuli)
- Put patient on oxygen at _____ liters per minute
 - Face mask
 - Nasal Cannula
 - Notify physician
 - Dilute Naloxone (Narcan) with 10 ml of sterile water for injection or sterile saline; Administer Naloxone (Narcan) 0.1 to 0.2 mg slowly over 2 minutes.
 - Assess level of consciousness; May repeat as needed every 2 - 3 minutes until desired level of consciousness or total dose of _____ has been given. Titrate to avoid excessive reduction of narcotic and analgesic action.
 - Notify physician

Date: _____ Time: _____ Physician Signature: **X**



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