

Standing Admission Orders

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QR: Online current
order sets

Admit to: RCC

Patient Status: Observation Inpatient

Activity: Out of bed TID with assistance. Encourage the patient to spend time out of bed.

Nursing:

1. Vital signs per RCC protocol, including pulse oximetry.
 2. Apply O2 per nasal cannula @ 2 Lpm, mask, or face tent PRN SaO2 less than 90%.
 3. HOB 30-45 degrees
 4. Notify MD for SaO2 less than 90% despite supplemental O2 use
 5. I & O monitor and record every 8 hours per policy
- Ice bag to nose and cool mist face shield PRN for patient comfort.
- Drain(s) to bulb suction
- Strip drain tubing, empty drains, and record output q 6-8 hrs. Notify MD if the drain bulb fills with air repeatedly.
- Teach patient (and family) drain care while performing drain care.
- Change mustache dressing PRN. Notify MD if > 2 changes in 30 minutes
- Patient should use CPAP when sleeping. Elevate HOB and notify MD if not tolerated.
- Continuous pulse oximetry. Notify MD for reliable tracing showing SaO2 < 90%.
- Notify MD for paresthesias of lips or fingers; Notify MD for muscle spasms
- Notify MD for SBP above 150 or below 100
- Notify MD for temperature > 101.5 F
- If the patient has suprapubic pain, urge to void but inability to void fully, or has not voided for 6 hours post-op, perform bladder scan. Perform straight catheterization for bladder volume > 350 mL.

Diet: Clear liquids, advance as tolerated to regular
 Post-tonsillectomy diet: Regular except avoid red food coloring, avoid sucking (straw, cup with lid)

IV Fluids:

- IV fluids: finish current bag
- Then use: 0.9 NS c 20 mEq/L K+ D5 1/2 NS c 20 mEq/L K+
- Run at _____ mL per hour until taking fluids adequately then saline lock IV

Medications:

- Home medications: See Surgicenter medication list
- Afrin 2 sprays each nostril q 30 minutes PRN epistaxis (Notify MD if needed more than twice)
- Bacitracin ointment Apply a thin layer to incision(s) unless dressing is in place
- Amoxicillin 875mg capsule. Give 1 PO TID
- Amoxicillin 400mg/5mL suspension. Give _____ mL PO TID
- Amoxicillin/clavulanate 875/125mg tablet give 1 PO BID
- Amoxicillin /clavulanate liquid 400mg/5mL suspension give _____ mL PO TID
- Cephalexin 500mg capsule. Give _____ PO _____ times a day
- Cefazolin Give _____mg IV Q8 hrs x _____doses
- Clindamycin 900 mg IV Q8 hrs x _____ doses
- Azithromycin capsule Give 500 mg PO night of surgery then 250 mg daily starting **POD #1**
- Morphine 1mg - 2mg IV Q 30 min PRN for severe pain
- Lortab elixir (7.5mg/325mg per 15mL) give _____ mL PO every 4 hrs PRN pain

____ Tylenol with Codeine Elixir: (120 mg/12 mg per 5 mL) give _____ mL PO Q4 hrs PRN pain
____ Tylenol #3 (30 mg codeine, 300 mg acetaminophen) 1-2 tabs PO Q4 hrs PRN pain
____ Tylenol 325 mg 1-2 tabs PO Q4 hrs PRN pain
____ Tramadol 50 mg 1-2 tabs PO Q 4hrs PRN pain
____ Norco 5/325mg 1 -2 tabs PO Q4 hrs PRN pain
____ Norco 7.5/325mg 1 -2 tabs PO Q4 hrs PRN pain
____ Percocet 5/325mg 1-2 tabs PO Q4hrs PRN pain
____ Zofran 4mg IVP or PO Q6 PRN nausea (as first line therapy)
____ Scopolamine 1 mg patch. Apply one patch to skin (behind ear if available) q3 days prn nausea.
____ Compazine 10mg IV Q6 hrs PRN nausea (as second line therapy)
____ Diphenhydramine _____ 12.5 mg _____ 25 mg PO/IV prn pruritus or insomnia
____ Ativan (lorazepam) 0.5 - 1 mg PO 8hr PRN for anxiety or insomnia
____ Pepcid 20mg PO BID
____ Calcium carbonate (Oscal) 500 mg take _____ tabs PO _____ times a day
____ Levothyroxine sodium (Synthroid): _____mcg PO daily on an empty stomach. Keep pt NPO except for
water for 30 minutes thereafter.
____ Dexamethasone _____mg IV q _____ hr x _____ doses
____ Docusate Sodium 100 mg, 1 cap PO BID

Other: _____

Labs:

- Serum Calcium level at 15:00 hrs today 19:00 hrs today Early AM draw tomorrow. Contact MD with results if serum calcium is less than 8.0.
- Intact PTH and serum calcium level at 15:00 hrs today 19:00 hrs today Early AM draw tomorrow. Contact MD for any abnormal value.
- Serum albumin at 15:00 hrs today 19:00 hrs today Early AM draw tomorrow.

Discharge orders:

Please have a copy of my discharge orders available.

Signature: _____ **Date:** _____ **Time:** _____