

The Center for Outpatient Medicine, LLC
2502B East Empire St. Bloomington, IL 61704

Allergies: _____

Wt. in kg _____

The Center for Outpatient Medicine Perioperative Orders

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QR: Online order sets

PRE-OP

1. Consent per Physicians Orders.
2. Use 1% lidocaine for local anesthesia at IV insertion site prior to IV insertion. Start IV with 1L LR at KVO rate.
3. Pre-testing on chart if required.
4. For nasal cases (including DISE) age 13+, Afrin, 1-2 sprays in each nare pre-op. (Date,Time,Signature) _____
5. For nasal cases age <13, mild formula Neo-Syneprine, 1-2 sprays in each nare pre-op (Date,Time,Signature) _____
6. Please place a copy of my consent form for the procedure on the chart.

POST-OP

Nursing:

1. Vital signs per routine, including pulse oximetry.
2. Ice bag to wound prn patient preference
3. Apply nasal mustache dressing and change prn. Notify MD if > 2 mustache dressings are saturated with 30 minutes.
4. Cool mist face shield prn.
5. Drain(s) to medium continuous wall bulb suction. Strip drain prn.
6. Continue IV at ~50 mL/hr ~100 mL/hr ~250 mL/hr per hour until taking fluids adequately
7. HOB 30- 45 degrees.

Diet: Clear liquids, advance as tolerated to regular.

Medications:

- Dexamethasone _____ mg IV ONCE in PACU
- Afrin 2 sprays each nostril q30 minutes PRN epistaxis. Notify MD if needed more than twice.

Nausea

- Ondansetron 2 mg 4 mg IV/PO x 1 prn nausea
- Promethazine 12.5 mg 25 mg IV/PO/PR prn x 1 persistent nausea

Anxiety

- midazolam (Versed) 0.5 mg 1 mg IV slow push prn anxiety. May repeat x 2 after 5 minutes prn anxiety.
- midazolam (Versed) elixir 2mg/mL 0.25 mL 0.5 mL PO prn anxiety. May repeat x 2 after 5 minutes prn anxiety.
- lorazepam (Ativan) 0.5mg tabs. Take 1 PO PRN anxiety. May repeat x 1 after 20 minutes prn anxiety. (Obtain from RCC)

Pain

- acetaminophen _____ mg PO Q4 hours prn pain.
(Pediatric: 10-15 mg/kg/dose PO q4hr prn, not to exceed the lesser of 75 mg/kg/day or 4g/day)
- tramadol 50 mg tab. Take 1 1-2 PO q4h prn q6hr prn moderate to severe pain.
- hydrocodone/acetaminophen elixir 7.5mg/325mg per 15mL
(Pediatric: max 0.135 mg/kg hydrocodone PO q4hr, not to exceed 90 mg acetaminophen/kg/day PO or 4 g acetaminophen per day)
Give _____ mL PO every 4 hr PRN pain.
- hydrocodone/acetaminophen 5/325 mg tab
 1 tablet 1-2 tablets PO every 4 hr PRN pain.
- oxycodone/acetaminophen (5mg/325mg)/15 mL 5 mg/325mg tab
(Pediatric: 0.05-0.2 mg oxycodone/kg/dose q4hr, not to exceed 90 mg acetaminophen/kg/day PO or 4 g acetaminophen per day)
 2 mL 3 mL 5 mL 10 mL PO q4hr PRN pain.
Take (/give) _____ mL one tablet
Frequency: Q4hr prn pain.
- acetaminophen with codeine (Tylenol #3) (300/30 mg cap). 1 tablet 1-2 tablets PO every 4 hrs PRN pain.
- acetaminophen with codeine elixir (120mg/12mg) per 5 mL. Give _____ mL PO Q4 hrs prn pain.
- hydrocodone/acetaminophen 5/325 mg tab
 1 tablet 1-2 tablets PO every 4 hr PRN pain.
- hydrocodone/acetaminophen 10/325 mg tab
 1 tablet 1-2 tablets PO every 4 hr PRN pain.
- oxycodone/acetaminophen (Percocet) 5mg/325mg tab
 1 tablet 1-2 tablets PO every 4 hr PRN pain.
- Morphine 0.5 mg 1 mg 2 mg IV Q30 minutes prn severe pain
- hydromorphone (Dilaudid) _____ IV Q____ prn severe pain
- meperidine (Demerol) diluted to 10 mg/mL. 50 mg slow IV push prn severe pain. May repeat x 1 after 5 minutes.
- Fentanyl 2 mcg/kg = _____ 4 mcg/kg = _____ IV Q30 minutes prn severe pain

Hypertension:

- Treat pain and/or anxiety if present. If absent, use the following:
 - hydralazine 10 mg IV prn SBP > 150 mmHg. May repeat x 1 after 15 minutes prn SBP >150.
 - If hypertension persists,
 - labetalol 20 mg slow IV push prn SBP > 150 mmHg. Re-dose 40 mg slow IV push q10 min prn SBP > 150 mmHg up to max cumulative dose of 140 mg. HOLD for HR < 65 bpm.
 - metoprolol 10 mg iv prn SBP > 150 mmHg. Repeat once after 10 minutes prn SBP > 150 mmHg.

Discharge:

- Activity: No heavy lifting or strenuous activity for 2 weeks
- Teach patient/family how to strip, empty, record output, and re-charge the drain(s).

Discontinue IV prior to discharge.

Educate the patient on symptoms of urinary retention and advise seeking medical attention if they develop.

Discharge when meets established criteria

Prescriptions electronically sent to pharmacy:

- tramadol 50 mg tab. Take 1 1-2 PO q4h prn q4hr prn moderate to severe pain. Disp #_____. No refills.
- hydrocodone/acetaminophen elixir 7.5mg/325mg per 15mL
(Pediatric: max 0.135 mg/kg hydrocodone PO q4hr, not to exceed 90 mg acetaminophen/kg/day PO or 4 g acetaminophen per day)
 2 mL 3 mL 5 mL 10 mL PO every 4 hr PRN pain.
Take (/give) _____ mL one tablet
Frequency: Q4hr prn pain. Dispense: _____ mL 250mL 500mL No refills.
- hydrocodone/acetaminophen 5/325 mg tab

- 1 tablet 1-2 tablets PO every 4 hr PRN pain. Dispense: # _____ tablets No refills.
- oxycodone/acetaminophen (5mg/325mg)/15 mL 5 mg/325mg tab
(Pediatric: 0.05-0.2 mg oxycodone/kg/dose q4hr, not to exceed 90 mg acetaminophen/kg/day PO or 4 g acetaminophen per day)
Take (/give) _____ mL one tablet PO q4hr PRN pain.
Frequency: Q4hr prn pain. Dispense: _____ mL _____ tabs. No refills.

Prescriptions to call to pharmacy:

- Afrin (OTC...but ask pharmacist to grab one off the shelf). Pt will use written post-op instructions for use guidelines.
- amoxicillin 125 mg/5mL 200mg/5mL 250 mg/5 mL 400 mg/5 mL 200 mg tab 250 mg tab 500 mg tab
Take (/give) _____ mL _____ tabs
Frequency BID TID
Duration: for 5 days 7 days 10 days. Dispense: #QS. No refill.

Amoxicillin - calculation
(low dose: 25 mg/kg•day x _____ kg = _____ mg/day)
(high dose: 50 mg/kg•day x _____ kg = _____ mg/day)

- amoxicillin/clavulanate 125 mg/5 mL 200mg/5 mL 250 mg/5 mL 400 mg/5 mL
 200mg chewable tab 250mg tab 400 mg chewable tab 500mg tab 875 mg tab 1000 mg XR tab
Take (/give) _____ mL _____ tabs
Frequency: BID TID
Duration: for 5 days 7 days 10 days. Dispense: #QS. No refill.
- cephalexin 125mg/5mL 250 mg/5mL 250 mg capsule 500 mg capsule
(Pediatric: 25-50 mg/kg/day PO divided q6-8hr for 10 days; not to exceed 4 g/day)
Take (/give) _____ mL one capsule
Frequency: BID TID QID
Duration: for 5 days 7 days 10 days. Dispense: #QS. No refill.
- clindamycin 75mg/5mL 150 mg capsule 300 mg capsule
(Pediatric: 7 mg/kg/dose TID for 10 days; not to exceed 300 mg/dose)
Take (/give) _____ mL one capsule
Frequency: TID QID
Duration: for 5 days 7 days 10 days. Dispense: #QS. No refill. I recommend flavoring for kids.
- azithromycin suspension 100mg/5mL 200mg/5mL 250 mg tab 500 mg tab
(Pediatric 10 mg/kg PO x 1 dose on Day 1 followed by 5 mg/kg on Days 2-5)
Take (/give) two tablets _____ mL on day #1, and one tablet _____ mL on days 2-5
Frequency: QD
Duration: 5 days. Dispense: #QS. No refill.
- ciprofloxacin ophthalmic gtt: 3 gtt, each ear right ear or left ear BID for _____ days.
Disp #5 mL. Refills: #3.
 Do not start until one week prior to follow up appointment.
- sulfacetamide ophthalmic gtt: 3 gtt to each ear right ear left ear BID for _____ days.
- acetaminophen 80 mg ODT 160 mg ODT 160 mg/5mL 500 mg/5mL 325 mg cap 500 mg cap 650 mg cap
(Pediatric: 10-15 mg/kg/dose PO q4hr prn, not to exceed the lesser of 75 mg/kg/day or 4g/day)
Take (/give) _____ mL one tablet
Frequency: Q4hr prn pain. OTC Disp: # _____ mL # _____ caps
Patient/family may obtain acetaminophen over-the-counter.
- lorazepam 0.5mg tabs. Take 1 PO Q8 hrs PRN anxiety. Dispense # _____. No refills.
- ondansetron 4 mg/5 mL 4 mg ODT. Take _____ mL 1 tablet PO Q8hr prn nausea. Disp _____ mL
 #10 tablets, Refills: #3.
- famotidine 20 mg PO BID for 30 days, dispense #60, refills: 0.
- bacitracin ointment, apply a thin layer to exposed (if not covered with a dressing) incision(s) and drain site(s) TID for
 5 days. 7 days. Patient may substitute polysporin, Double Antibiotic Ointment, Triple Antibiotic ointment

- docusate 100 mg cap. Take 1 PO QD BID TID for 7 days. Dispense #QS, Refills: #3
- docusate liquid 50 mg/5 mL.
 - Age 3-5 2.5 mL 5 mL PO QD for 7 days. Disp # 50 mL, Refills: #3
 - Age 6-11 5 mL 10 mL PO QD for 7 days. Disp # 100 mL, Refills: #3
 - Age 12 and older 10 mL PO QD BID TID for 7 days. Disp: #qs, Refills #3.

Follow-up appointment in _____ days with Dr. Lansford Jen Sheler, APRN Other: _____
 with audiogram and tympanogram prior to seeing provider

Office number: (309) 663-4369

DVT Prevention and Assessment teaching for patient and family before discharge

Instruction sheets: (may be found at <https://www.doctorlansford.com/post-op-instructions>) or use the QR code.



QR: Online index
of post-op
instructions

- Abscess drained through the mouth • Form “PO-T”
- Abscess drained through an incision • Form “PO-S”
- Ear tube placed in the O.R. post-operative • Form “PO-B”
- Endoscopy post-operative • Form PO-C
- Eyelid surgery • Form “PO-U”
- Frenulectomy • Form “PO-V”
- Myringoplasty/Tympanoplasty • Form “PO-R”
- Neck-face surgery post-operative • Form “PO-E”
- Nose surgery (internal + external) post-operative • Form “PO-F”
- Nose surgery (internal) post-operative • Form “PO-G”
- Osia implant surgery post-operative • Form “PO-H”
- Parathyroid surgery post-operative • Form “PO-I”
- Parotid surgery post-operative • Form PO-J”
- Skin surgery post-operative • Form “PO-K”
- Surgery general post-operative • Form “PO-L”
- Thyroid surgery post-operative • Form “PO-P”
- Tonsillectomy/adenoidectomy and ear tubes postoperative • Form “PO-M”
- Tonsillectomy/adenoidectomy post-operative • Form “PO-N”
- Other: _____

Signature: _____ M.D. Date: _____ Time: _____