

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

OB Tubal Ligation Post-Op

Version 3 Approved 9/13/18

Nursing Orders

- Post-op vital signs then per unit standard of care
- WHEN taking clear liquids: Discontinue electronic orders for IV fluids and Peripheral IV and place order for saline lock.

Notify provider

- IF Temperature greater than 100.5 degrees Fahrenheit
- IF Pulse greater than 120 OR less than 60
- IF Respiratory Rate greater than 30 OR less than 8
- IF Blood Pressure greater than or equal to 140/90 mmHg OR less than or equal to 90/60 mmHg x 2 consecutive

Other _____

Diet

- Regular Diet
- Controlled Carbohydrate Diet
- Clear Liquid Diet
- Advance diet as tolerated to goal diet: Regular Diet
- NPO (diet) NPO Modifications: [] Except Meds [] Strict [] With Ice Chips [] With Sips
- Other _____

IV Fluids

- Lactated Ringers IV
 - 125 milliliter/hour continuous intravenous infusion
 - Other _____

Medications

Antiemetics

- promethazine (PHENERGAN)
 - 25 milligram intravenously every 6 hours as needed for nausea/vomiting
 - 25 milligram intramuscularly every 6 hours as needed for nausea/vomiting
- metoclopramide (REGLAN)
 - 10 milligram intravenously every 6 hours as needed for nausea/vomiting
- ondansetron (ZOFRAN)
 - 4 milligram intravenously every 6 hours as needed for nausea/vomiting

Nonsteroidal Anti-inflammatory Drugs

- ibuprofen (MOTRIN)
 - 800 milligram orally every 8 hours as needed for mild pain (1-3 pain scale score; Do not give ibuprofen (MOTRIN) and ketorolac (TORADOL) within 6 hours of each other

Opioids

- oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)
 - 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain (4-7 moderate pain score; 8-10 severe pain score)

Laboratory

Morning Draw

- CBC/AUTO DIFF

Provider Signature: _____ Date: _____ Time: _____