(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

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:_____

POSTOP UROLOGY ORDERS Dr. Seal **Version 4 5/18/2011**

1. To RR, then _____ floor when recovered.
2. Procedure:
3. Allergies:
4. Condition: Satisfactory
5. Vital Signs per major routine q_15 min. x 4, q q/w hrs. X 4, then q hour__.
6. Diet:
7. Activity:
8. IV's: D5_____ x_____L. Run @_____cc/hr.
9. Medications: Medications per reconciliation sheet.

10. I&O's daily
11. Weight every day X_____ days
12. Check box if ordered: ☐ SCD, ☐ AVI, ☐ Thigh TEDS, ☐ Knee TEDs
13. Foley + JP(s) to CD
14. RR Lab.
15. Inventive Spirometry
16. AM Lab

Provider Signature:_____Date:_____Time:_____