

**Post-Operative
Laparoscopic Total Hysterectomy**
Pre-Printed Physician's Orders

ALLERGIES: _____

Height: _____ **cm** **Weight:** _____ **kg**

Medications:

Analgesics: Adjust analgesic dose if patient chronically using opioids preoperatively.

- acetaminophen (Tylenol ES) 500 to 1000 mg PO q4h PRN (to maximum of 4000 mg in 24 hr)
- oxyCODONE (Oxy IR) _____mg to _____mg PO q4h PRN
- oxyCODONE 5 mg/acetaminophen 325 mg 1 to 2 tabs PO q 4-6h PRN
- morphine _____mg to _____ mg IV q _____ h PRN
- Other: _____

NSAIDS:

- celecoxib (Celebrex) 100 mg PO q12h prn **OR** celecoxib (Celebrex) 200 mg PO q12h prn
- OR**
- ibuprofen 400 mg PO q4h prn **OR** naproxen 250 mg PO q8h prn

Antiemetics:

- ondansetron 1 mg IV q6h prn
- dexamethasone 4 to 8 mg IV q6h prn
- dimenhyDRINATE 12.5 to 50 mg PO/IV q4h prn (use lowest possible dose in frail/elderly)
- haloperidol 0.5 to 1 mg IV q6h prn
- metoclopramide 10 mg PO/IV q6h prn

Activity: AAT

Vital Signs: As per Day Surgery Policy/Procedure

Interventions:

- Discontinue IV/saline lock prior to discharge
- In and out bladder catheterization if patient distended or uncomfortable
- Remove foley catheter in _____ hours
- Discharge home with indwelling catheter. Catheter to be removed in _____ days
by: physician **OR** ACU nurse **OR** by patient
- Remove vaginal packing at: _____ hours **OR** NA
- MD to remove vaginal packing: office clinic
- Remove dressing in _____ days
- Sips to previous diet **OR** Other: _____
- _____

Discharge Plan:

- Discharge BPMH and prescription complete and on chart
- Discharge home once PADSS criteria for discharge met
- Provide patient with post-op information and written discharge instructions
- CCAC referral

Date: _____ Time: _____ Physician Signature: _____

Physician Print Name: _____