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HARTFORD HOSPITAL
80 Seymour St. P.O. Box 5037
Hartford, CT 06102-5037

Check box to initiate order

549463 New 10-05

ROBOTIC PROSTATECTOMY ORDERS

IMPORTANT
Position patient ID plate so it is to the LEFT of the arrow

ALLERGIC: ☐ NO ☐ YES

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
☐	Admit to PACU, then to flooe when stable		☐	DS 1/2 NS @ 100mL/h	
☐	Dx: prostate ca		☐	Acetaminophen (Tylenol®) 650mg po q 6 p.r.n.	
☐	S/p robo lap prostectomy			for _____	
☐	Cond: stable		☐	Diphenhydramine (Benadryl®) 25mg IV q 6 p.r.n.	
☐	Vitals: per PACU, then q 4			for _____	
☐	Strict I/O's		☐	Diphenhydramine (Benadryl®) 25mg IV q 6 p.r.n.	
☐	Foley to gravity			for _____	
☐	JP x 2 to bulb suction		☐	Motoclopramide (Reglan®) 10mg IV q 4 p.r.n.	
☐	Diet: clear liquids as tolerated			for _____	
☐	Activity: OOB this pm		☐	Ondansetron (Zofran®) 4mg IV q 2 p.r.n. for _____	
☐	Labs: H&H Chem 7 @ H&H Chen 10, JP fluid for			Not Until after Reglan has failed	
	creatine x2 In arm _____ (label Left & Right)		☐	Hydromorphone (Dilaudid®) 0.5 - 2mg IV q 4 p.r.n.	
☐	IS 10 X/hr while awake			for _____	
☐	PAS while in bed		☐	Cefazolin (Ancef®) 1 g IV q 8 x 3 doses Heparin 5,000	
☐	Call House Officer for uop <300mL			units SC B.I.D. when pt tolerating PO D/C IV	
☐	Call House Officer for temp > 101.5		☐	Hydromorphine (Dilaudid®) and begin Oxycodone 5/	
☐			☐	Acetominaphin 325mg (Percocet®) 1-2 tabs po q 6 p.r.n.	
☐				for _____	
☐			☐	Pantoprazole (Protonix®) 40mg daily	
☐			☐	Prevacid 15mg po daily	
☐			☐	Docusate (Colace®) 100mg po B.I.D.	
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HH Forms 549463 New 10-05

PHYSICIAN'S ORDER FORM

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