MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*		ISSUANCE DATE
DIRECTORATE OF NURSING SERVICES PATIENT FORMS	NAVHOSPPNCLAINST 5213.5A	20 Jun 2014

LOCAL FORM TITLE *(Optional)*
OB/GYN - POST-OP ORDERS

Date: _____ **Time:** _____

1. Transfer to PACU then ADMIT to: MSW, GYN service

2. Admission Condition:

3. Doctor:

4. Diagnosis:

5. Allergies:

6. Vital signs: q 1 hour x4 with strict I/Os, then q 2 hours x2 with strict I/Os, then q 4 hours with strict I/Os

4. Activity: Up to chair TID, ambulate with assistance TID

5. Intravenous: ☐ LR 1000l at mL/hr. Discontinue when tolerating oral intake. Keep saline lock.

☐ Change IV to saline lock when tolerating PO.

6. Diet:

7. Foley to gravity

8. LABS: ☐ None ☐ CBC Q AM

9. Medications:

☐ Ketorolac (Toradol) 30 mg IVP q 6 hrs x3 doses, 1st dose given at _____

☐ Meperidine (Demerol) 25 mg IVP q 4 hrs prn for pain (1 - 5) on pain scale

☐ Meperidine (Demerol) 50 mg IVP q 4 hrs prn for pain (6-10) on pain scale

☐ Ondansetron (Zofran) 4 mg IVP Q 6 hours prn for nausea

☐ Ibuprofen (Motrin) 400mg tab. Give _____ mg PO TID starting at time: _____ (at least 6 hours AFTER last Toradol dose).

☐ Flush SOD CHL 0.9% - Normal Saline Flush 3ml IVP Q shift and w/each medication administration. Start after IV access Saline locked

☐ Other _____

☐ Other _____

☐ Other _____

13. DVT Prophylaxis: SCDs on and functioning while in bed

14. Incentive spirometry: 10-20x every hour while awake.

15. Notify MO if:
TEMP > 100.4
SBP > 160 or < 100
DBP > 100 or < 60
Severe pain or any other concerns
Heart Rate > 120 or < 60
Resp Rate > 24 or < 12
Urine Output < 120ml over 4 hours

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	