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 SURGICAL SERVICES PATIENT FORMS	NAVHOSPPNCLAINST 5213.7A	30 Jan 2014

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

Date: _____ **Time:** _____

1. Transfer to PACU then APU when cleared by anesthesia

2. Diagnosis:

3. Condition:

4. Vital signs: per protocol

5. Allergies:

6. Intravenous: LR at ☐ 100 ☐ 125 ☐ 150 mL/hr. Discontinue when tolerating PO

7. Diet: Clear liquids, advance as tolerated

8. Activity: Up with assistance x1, then ad lib

9. Medications:

- ☐ Toradol 30 mg IVP times one dose
- ☐ Demerol 25 mg IV q 4 hrs prn for pain (1-5 on pain scale)
- ☐ Demerol 50 mg IV q 4 hrs prn for pain (6-10 on pain scale)
- ☐ Zofran 4 mg IV q 4 hrs prn for nausea
- ☐ Lortab 5 1 tab PO q 4 hrs prn for pain (1-5 on pain scale) when tolerating PO
- ☐ Lortab 5 2 tab PO q 4 hrs prn for pain (6-10 on pain scale) when tolerating PO
- ☐ Percocet 5/325 1 tab PO q 4 hrs prn for pain (1-5 on pain scale) when tolerating PO
- ☐ Percocet 5/325 2 tab PO q 4 hrs prn for pain (6-10 on pain scale) when tolerating PO
- ☐ Motrin 600 mg PO QID prn when tolerating PO for pain (1-5 on pain scale)
- ☐ Motrin 800 mg PO TID prn when tolerating PO for pain (1-5 on pain scale)

10. Discharge home or con leave _____ days when tolerating PO, voiding and ambulating without difficulty, adequate pain control.
NOTIFY MD WHEN PT IS READY TO GO HOME.

11. Discharge Instructions: Go to ER for Temp > 100.4, severe pain, bleeding > 1 pad/hr for 2-3 hrs, inability to eat or drink, redness or discharge from incision.
Pelvic rest x ☐ 2 ☐ 4 ☐ 6 weeks; no heavy lifting > 20 lbs x 2 wks

12. Discharge medication in CHCS

13. Pt to call 505-6750 to make follow-up appt in 2-3 weeks with Dr. _____

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	