

PHYSICIAN'S ORDERS
TRANSURETHRAL RESECTION
OF THE PROSTATE (Adult)

Weight: _____ (kg)

Allergies: _____

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

Preoperative Orders:

NPO

Ciprofloxacin 500 mg po one hour preoperatively with sips

Postoperative Orders:

Continue Clinical Pathway Transurethral Resection of the Prostate

DAT

Activity, VS and I + O as per pathway

Continuous Bladder Irrigation (CBI) - keep CBI running **full** for 8 h, then run to keep clear

Irrigate catheter prn with normal saline if obstructed with blood clots

Intravenous Therapy:

IV 2/3 - 1/3 at 75 mL/h until drinking well then discontinue

Diagnostic Testing:

CBC, lytes, urea, creatinine, postoperative day 1 in am

Call MRP if Hgb is less than 100 g/L

Medications:

Opium & Belladonna suppository x 1 in PACU if general anesthesia used or when spinal wears off

Acetaminophen 325 mg with 30 mg codeine 1 to 2 tabs po q4-6h prn for pain

Opium & Belladonna suppository q6-8h prn for bladder spasm

Ciprofloxacin 500 mg po bid

Docusate sodium 100 mg po bid

Dimenhydrinate 25-50 mg IV/po q4h prn for nausea and vomiting

Previously Prescribed Medication: (specify drug, dosage and frequency)

HOLD warfarin, ASA, ticlopidine (Ticlid), clopidogrel (Plavix) until further orders written

On Postoperative Day 2:

At 0400 fill bladder with 150 mL normal saline and discontinue continuous bladder irrigation/foley for voiding trial

Push fluids po

Collect 3 consecutive voids, notify MRP if increased hematuria or clots present

Discharge if voiding well, no increased hematuria or clots

Discharge Orders:

Reassess anticoagulation therapy with MRP upon discharge

Prescription for antibiotic and stool softener

Pre-arranged follow-up appointment at surgeon's office confirmed

Date: _____ Time: _____

MD SIGNATURE

