

PHYSICIAN'S ORDERS
THORACOTOMY - LUNG RESECTION
POSTOPERATIVE (Adult)

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.

MRP: _____ See Critical Care: Medical/Surgical Admission Orders

Assessment and treatments:

Routine vital signs

Head of bed elevated 45 degrees, up in chair this evening, then AAT in the morning

Foley catheter to straight drainage, notify MRP if urine output less than 30 mL/h for 2 consecutive hours

When foley catheter removed or no foley catheter in place - bladder scan q8h & prn

In unable to void, in and out catheter if volume less than 400 mL **OR**

Foley catheter if volume greater than 400 mL and remove in 12 hrs.

Notify surgeon in a.m. if patient requires in & out catheterization more than 3 times or foley reinserted.

NPO **OR** clear liquids, advance to DAT

Oxygen protocol

Chest physiotherapy - Incentive spirometry: 10 breaths q1h while awake

Deep breathing and coughing q2h while awake

Chest tube dressing/incision dressing change daily starting 24 hours post op and prn when wet

Chest tube:

straight drainage

OR

suction at _____ cm H2O, disconnect when ambulating

Sequential pneumatic compression device for VTE prophylaxis if patient has epidural catheter (critical care only)

Antiembolic stockings for VTE prophylaxis

Lab work and tests:

CBC, lytes, urea, creatinine, glucose, calcium, Mg, Phos, Albumin on arrival in PACU

CBC, lytes, urea and creatinine day 1 post op

CK, Troponin 1 q8h x 3

ECG

Chest x-ray on arrival in PACU

Portable chest x-ray daily while chest tube is in place as early as possible each day x _____ days

Medications:

Neuraxial or patient controlled analgesia (PCA) Acute Pain Service (APS) orders as per Anesthesiologist
IV _____ at _____ mL/h, decrease TKVO or saline lock when drinking well

Ranitidine 150 mg po bid

Dalteparin 5,000 units SC daily (use with caution in patients on dialysis)

Continue dalteparin until hospital discharge.

Salbutamol MDI 2 to 4 puffs with spacer q4h prn for wheezing and may increase to q1h prn for wheezing still present.

Maximum dose in 24 hours is 8 doses. If HR greater than 130 notify MRP prior to giving next dose.

Dimenhydrinate 25-50 mg po/IV q4h for nausea

Acetaminophen 325-650 mg po q4h prn for headache or fever greater than 38.3 degrees Celsius

Docusate sodium 100 mg po bid

Milk of Magnesia 30 to 60 mL po daily prn for constipation (do not use in pt with impaired renal function)

Cefazolin 1g IV q8h x 2 doses **OR** Vancomycin 1g IV q12h x 2 doses

Analgesia orders when epidural/PCA discontinued:

Other medications:

Date: _____ Time: _____

MD SIGNATURE

