

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

NEURO Spinal Surgery Post Op [30400029]

General

Admission (Single Response) [137884]

Admit to Inpatient [ADT1]

Admitting Physician:
Diagnosis:
Attending Physician:
Provider Care Team:
Resident (include pager):
Level of care:
Special bed requests:
Bed request comments:
Scheduling/ADT

Initiate Observation Status [ADT12]

Admitting Physician:
Diagnosis:
Attending Physician:
Provider Care Team:
Resident (include pager):
Level of Care:
Special bed requests:
Bed request comments:
Scheduling/ADT

Other

Transfer (Single Response) [138967]

Patient is returning to previous bed [NUR185]

Once For 1 Occurrences, Post-op

Transfer patient [ADT7]

Attending Physician:
Provider Care Team:
Level of care:
Special bed requests:
Bed request comments:

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Scheduling/ADT

Other

Code Status (Single Response) (Selection Required) [137903]

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Category 1 - Full Code [COD2] | Post-op |
| <input type="checkbox"/> Category 2 - Limited Code [COD4] | Post-op |
| <input type="checkbox"/> Category 3 - Do Not Resuscitate (DNR) [COD1] | Nurse may assess death:
Post-op |
| <input type="checkbox"/> Category 4 - DNR/No Escalation in Current Care [COD5] | Nurse may assess death:
Post-op |
| <input type="checkbox"/> Category 5 - DNR/Allow Natural Death [COD6] | Nurse may assess death:
Post-op |

Other

Code Status (Single Response) [137904]

This patient already has a code status order for this admission. If you wish to change this status now, order a different status here and the previous code status order will be automatically discontinued and replaced with your new order.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Category 1 - Full Code [COD2] | Post-op |
| <input type="checkbox"/> Category 2 - Limited Code [COD4] | Post-op |
| <input type="checkbox"/> Category 3 - Do Not Resuscitate (DNR) [COD1] | Nurse may assess death:
Post-op |
| <input type="checkbox"/> Category 4 - DNR/No Escalation in Current Care [COD5] | Nurse may assess death:
Post-op |
| <input type="checkbox"/> Category 5 - DNR/Allow Natural Death [COD6] | Nurse may assess death:
Post-op |

Other

Neurologic Checks (PACU) [221221]

Neurologic checks - q15min x 2, then q30min x 2, then q1hr [221216]

Neuro assessment q15 [NUR609] Every 15 min For 2 Occurrences, PACU (only)

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

- | | |
|---|---|
| <input type="checkbox"/> Neuro assessment q30 [NUR609] | Every 30 min, Starting H+45 Minutes For 2 Occurrences, PACU (only) |
| <input type="checkbox"/> Neuro assessment q1hr [NUR609] | Every hour, Starting H+135 Minutes For Until specified, PACU (only) |
| <input type="checkbox"/> Other | |

Neurovascular Checks (PACU) [281192]

- | | |
|---|---|
| <input type="checkbox"/> Neurovascular checks - q15min x 2, then q30min x 2, then q1hr [281191] | |
| <input type="checkbox"/> Neurovascular checks q15 [NUR475] | Every 15 min For 2 Occurrences, PACU (only) |
| <input type="checkbox"/> Neurovascular checks q30 [NUR475] | Every 30 min, Starting H+45 Minutes For 2 Occurrences, PACU (only) |
| <input type="checkbox"/> Neurovascular checks q1hr [NUR475] | Every hour, Starting H+135 Minutes For Until specified, PACU (only) |
| <input type="checkbox"/> Other | |

Vitals [137910]

- | | |
|---|---|
| <input type="checkbox"/> Vital Signs per PACU routine, then q1h x4, then q4h [NUR490] | Until discontinued, Starting today, Post-op |
| <input type="checkbox"/> Vital Signs q2h x2; then q4h x2; then per unit protocol [NUR490] | Per unit protocol, Post-op |
| <input type="checkbox"/> Vital Signs- q1h x2; then q2h x2; then q4h x6; then per unit protocol [NUR490] | Per unit protocol, Post-op |
| <input type="checkbox"/> Vital Signs [NUR490] | Per unit protocol, Post-op |
| <input type="checkbox"/> Other | |

Neurologic Checks (PostOp) (Single Response) (Selection Required) [221224]

- | | |
|---|--|
| <input type="checkbox"/> Neurologic checks - q2h x 2, then q4h x 2, then per unit protocol [281643] | |
| <input type="checkbox"/> Neurologic checks q2hr [NUR609] | Every 2 hours, Starting today with First Occurrence Include Now For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurologic checks q4hr [NUR609] | Every 4 hours, Starting H+6 Hours For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurologic checks per unit protocol [NUR609] | Per unit protocol, Starting H+11 Hours For Until specified, Post-op |
| <input type="checkbox"/> Neurologic checks - q1h x 2, then q2h x 2, then q4h x 6, | |

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

then per unit protocol [281644]

- | | |
|--|---|
| <input type="checkbox"/> Neurologic checks q1hr [NUR609] | Every hour, Starting today with First Occurrence Include Now For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurologic checks q2hr [NUR609] | Every 2 hours, Starting H+3 Hours For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurologic checks q4hr [NUR609] | Every 4 hours, Starting H+9 Hours For 6 Occurrences, Post-op |
| <input type="checkbox"/> Neurologic checks per unit protocol [NUR609] | Per unit protocol, Starting H+30 Hours For Until specified, Post-op |
| <input type="checkbox"/> Neurologic checks q4hr [NUR609] | Every 4 hours, Post-op |
| <input type="checkbox"/> Neurologic checks (select appropriate frequency) [NUR609] | Per unit protocol, Post-op |
| <input type="checkbox"/> Other | |

Neurovascular Checks (PostOp) (Single Response) (Selection Required) [281170]

- | | |
|--|--|
| <input type="checkbox"/> Neurovascular checks - q2h x 2, then q4h x 2, then per unit protocol [281640] | |
| <input type="checkbox"/> Neurovascular checks q2hr [NUR475] | Every 2 hours, Starting today with First Occurrence Include Now For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurovascular checks q4hr [NUR475] | Every 4 hours, Starting H+6 Hours For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurovascular checks per unit protocol [NUR475] | Per unit protocol, Starting H+11 Hours For Until specified, Post-op |
| <input type="checkbox"/> Neurovascular checks - q1h x 2, then q2h x 2, then q4h x 6, then per unit protocol [281216] | |
| <input type="checkbox"/> Neurovascular checks q1hr [NUR475] | Every hour, Starting today with First Occurrence Include Now For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurovascular checks q2hr [NUR475] | Every 2 hours, Starting H+3 Hours For 2 Occurrences, Post-op |
| <input type="checkbox"/> Neurovascular checks q4hr [NUR475] | Every 4 hours, Starting H+9 Hours For 6 Occurrences, Post-op |
| <input type="checkbox"/> Neurovascular checks per unit protocol [NUR475] | Per unit protocol, Starting H+30 Hours For Until specified, Post-op |
| <input type="checkbox"/> Neurovascular checks q4hr [NUR475] | Every 4 hours, Post-op |
| <input type="checkbox"/> Neurovascular checks (select appropriate frequency) [NUR475] | Per unit protocol, Post-op |
| <input type="checkbox"/> Other | |

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Orthotics [143900]

<input type="checkbox"/> Obtain Custom Orthotic Device [259818]	
<input type="checkbox"/> Apply brace [NUR644]	Once For 1 Occurrences Specify Location: Brace type: Post-op
<input type="checkbox"/> Obtain Custom Orthotic Device [DME600]	Custom Orthotic: Duration:
<input type="checkbox"/> Obtain Custom Prosthetic Device [DME602]	Comment:
<input type="checkbox"/> Orthotic Device Instructions: [NUR185]	Until discontinued, Starting today {Orthotic device instructions:36840}, Post-op
<input type="checkbox"/> Other	

Activity - PACU [216909]

<input checked="" type="checkbox"/> Sit on edge of bed/stretchers [NUR185]	Every 2 hours, Starting H+2 Hours For 3 Occurrences Every 2 hours postop for 5 minutes each occurrence., PACU (only)
<input type="checkbox"/> Other	

Activity - Postop [225570]

<input checked="" type="checkbox"/> Ambulate patient [NUR11]	Once, Starting H+3 Hours For 1 Occurrences With oxygen: Distance: Room Ambulate with assistive device: DAY OF SURGERY: within 4 hours of arrival to floor, Post-op
<input checked="" type="checkbox"/> Up in chair [NUR130]	3 times daily, Starting today For Until specified With meals starting the day of surgery, Post-op
<input checked="" type="checkbox"/> Ambulate patient [NUR11]	3 times daily, Starting tomorrow For Until specified With oxygen: Distance: Hallway Ambulate with assistive device:

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

<input checked="" type="checkbox"/> Activity with assistance [NUR131]	Starting POD #1, Post-op As needed, Starting tomorrow at 6:00 AM For Until specified POD #1: patient should be out of bed for a total of 4 to 6 hours including time in chair with meals and ambulating in the hallway., Post-op
<input checked="" type="checkbox"/> Notify Physical Therapist upon patient's arrival to floor [NUR185]	Once For 1 Occurrences, Post-op
<input type="checkbox"/> Other	

Nursing Interventions [143893]

<input checked="" type="checkbox"/> Encourage oral pain medications first [NUR185]	Until discontinued, Starting today Move away from IV pain medications, PACU (only)
<input checked="" type="checkbox"/> Encourage oral pain medications first [NUR185]	Until discontinued, Starting today Move away from IV pain medications, Post-op
<input type="checkbox"/> Dural tear precautions [NUR185]	Until discontinued, Starting today Specify: ***, Post-op
<input type="checkbox"/> Strict bed rest [NUR162]	Until discontinued, Starting today Pt must lie flat in bed (logroll side to side). May elevate head of bed only when eating, Post-op
<input type="checkbox"/> Out of bed [NUR11]	Every shift (2x Day) With oxygen: Distance: Ambulate with assistive device: Ambulate in *** hours, Post-op
<input type="checkbox"/> Bed rest until AM [NUR162]	Until discontinued, Starting today For 1 Days May log roll side to side , Post-op
<input type="checkbox"/> Bed rest with bathroom privileges [NUR25]	Until discontinued, Starting today, Post-op
<input type="checkbox"/> May elevate head of bed [NUR51]	Until discontinued, Starting today Position/Elevation: 30 degrees or less Post-op
<input type="checkbox"/> Out of bed with corset/brace as tolerated [NUR11]	Every shift (2x Day) With oxygen: Distance:

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

	Ambulate with assistive device: Post-op
<input type="checkbox"/> Wear brace at all times except when bathing [NUR185]	Until discontinued, Starting today, Post-op
<input type="checkbox"/> Brace when out of bed/ weight bearing [NUR185]	Until discontinued, Starting today, Post-op
<input type="checkbox"/> May shower with Philadelphia brace and use Miami j/Aspen brace otherwise [NUR185]	Until discontinued, Starting today, Post-op
<input type="checkbox"/> Patient may shower with corset/brace [NUR550]	Until discontinued, Starting today Is there a wound present: Post-op
<input type="checkbox"/> Once patient fitted w/ brace no further activity until pt receives xrays and is cleared for mobility and pt/ot/st ordered after xrays reviewed by physician [NUR185]	Until discontinued, Starting today, Post-op
<input type="checkbox"/> No bending, twisting or lifting greater than specified lbs until instructed by physician [NUR185]	Until discontinued, Starting today {Pounds:36841} pounds, Post-op
<input type="checkbox"/> Other	

Nursing Interventions [143921]

<input type="checkbox"/> May have moist air at bedside [NUR185]	Until discontinued, Starting today, Post-op
<input type="checkbox"/> Measure drain output [NUR1119]	Every 4 hours Instructions: Post-op
<input type="checkbox"/> Other	

Remove Foley POD #1 [225568]

<input checked="" type="checkbox"/> Remove Foley POD 1 [225567]	
<input checked="" type="checkbox"/> Remove urinary catheter POD #1 - for lumbar fusion patients only [NUR378]	Once, Starting tomorrow at 6:00 AM For 1 Occurrences Remove urinary catheter on or before 6 am POD #1 (for lumbar fusion patients only), Post-op
<input checked="" type="checkbox"/> Initiate post urinary catheter removal protocol [NUR2492]	Until discontinued, Starting tomorrow at 6:00 AM, Post-op
<input type="checkbox"/> Other	

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

In & Out Catheter PRN [146581]

- | | |
|---|---|
| <input type="checkbox"/> In and out catheter [NUR385] | As needed
If unable to void within 8 hrs of surgery, Post-op |
| <input type="checkbox"/> Other | |

Manage Removal of Urinary Cath [225569]

- | | |
|--|---|
| <input type="checkbox"/> Manage removal of urinary catheter per HOUDINI and post catheter removal protocol [NUR1000] | Until discontinued, Starting today, Post-op |
| <input type="checkbox"/> Other | |

Infection Prevention - PACU [225571]

- | | |
|---|---|
| <input checked="" type="checkbox"/> Fingertstick Blood Glucose [NUR390] | Once For 1 Occurrences
Call anesthesiologist for blood glucose less than 80 mg/dL or greater than 180 mg/dL, PACU (only) |
| <input checked="" type="checkbox"/> Discontinue urinary catheter - cervical fusion patients ONLY [NUR378] | Once For 1 Occurrences
Prior to leaving PACU for cervical fusion patients ONLY, PACU (only) |
| <input checked="" type="checkbox"/> Initiate post urinary catheter removal protocol [NUR2492] | Until discontinued, Starting today, PACU (only) |
| <input checked="" type="checkbox"/> Initiate forced air warming [NUR610] | Once For 1 Occurrences, PACU (only) |
| <input checked="" type="checkbox"/> Incentive spirometry [RT16] | Every hour while awake
Use 10 times every hour, PACU (only) |
| <input type="checkbox"/> Other | |

Infection Prevention - Postop [190644]

- | | |
|---|---|
| <input checked="" type="checkbox"/> Fingertstick Blood Sugar [NUR390] | 4 times daily before meals and at bedtime, Post-op |
| <input checked="" type="checkbox"/> Incentive spirometry q1h While Awake [RT16] | Every hour while awake
Use 10 times every hour, Post-op |
| <input checked="" type="checkbox"/> Apply CHG treatment to skin [NUR720] | Daily, Starting tomorrow For 2 Days
After daily routine shower or bath for 2 days, Post-op |
| <input type="checkbox"/> Other | |

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

SR PMC GET WELL NETWORK [148079]

May Observe get well network [NUR185] Until discontinued, Starting today, Post-op
 Other

Incision Care [148080]

Cover incision with gauze and tape while in hospital [NUR402] Once
Wound location:
Cover wound with: 4x4 gauze
Secure dressing with: Medipore tape
Post-op

Change dressing [NUR400] Daily
Wound location:
Cover wound with:
Secure dressing with:
With dry sterile dressing starting on pod#2 and/or discharge day (if sooner), Post-op

Leave incision open to air if no drainage is present [NUR402] Once
Wound location:
Cover wound with: Leave open to air
Secure dressing with:
Post-op

Patient may shower [NUR550] Daily
Is there a wound present:
No soaking or scrubbing of incision, keep incision covered w/
occlusive dressing while showering , Post-op

Other

Diet [139418]

Advance diet [DNS10] Until discontinued, Starting today
Target Diet: Regular
If patient is without nausea, vomiting or abdominal distention,
advance to Regular diet, Post-op

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Adult NPO Diet [DIET30] Diet effective now, Starting today
NPO: NPO
NPO Except:
Post-op

Diet - Clear Liquid [DIET24] Diet effective now, Starting today
Diet Type: Clear Liquids
Consistent Carbohydrate:
Fat Restriction:
Bariatric Diets:
Modification of Fiber:
Modification of Minerals:
Modification of Protein:
Renal:
Modification of Fluid:
Thickened Liquids:
Other:
Post-op

Adult Diet [DIET24] Diet effective now, Starting today
Diet Type:
Post-op

Other

Nutrition - PACU [216906]

Offer sips of high calorie liquids [NUR185] Until discontinued, Starting today
Once patient is awake enough to protect airway, offer sips of high calorie liquids (juice, ginger ale, Ensure Clear, etc.) and crackers., PACU (only)

Chewing Gum (sugar-free) [NUR1014] Once For 1 Occurrences
Chew gum for 15 minutes when patient is awake and alert., PACU (only)

Discontinue IV Fluids in PACU [NUR185] Once For 1 Occurrences
If no complaints of nausea; maintain iv access, PACU (only)

Other

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

PO Liquids Goal PACU [221519]

- PACU Goal: consume 25 ml of high calorie liquids [NUR185] Once For 1 Occurrences, PACU (only)
- Other

Nutrition - Postop [221505]

- Offer sips of high calorie liquids [NUR185] Until discontinued, Starting today
Once patient is awake enough to protect airway, offer sips of high calorie liquids (juice, ginger ale) and crackers., Post-op
- Chewing Gum (sugar-free) [NUR1014] 3 times daily after meals For Until specified
Chew gum for 15 minutes, Post-op
- Other

Nutrition - PO Liquids Goal [221518]

- Goal Day of Surgery: consume 200 ml clear liquids [NUR185] Once For 1 Occurrences, Post-op
- Other

SMC/CMC Protein Supplement (Selection Required) [216898]

- SMC Diet Supplement - Proti-15 [191967]
- Supplement [DNS30] Select Supplement: Proti-15 (8 oz)
Select flavor:
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1
- SMC Diet Supplement - Novasource Renal [216928]
- Supplement [DNS30] Select Supplement: Novasource Renal
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1
- Protein Supplement - No Lab Result (Single Response) [216930]

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Instructions for protein supplements:
For renal patients order Novasource Renal (8 oz);
For all other patients order Proti-15 (8 oz)

Supplement - Proti-15 [DNS30] Select Supplement: Proti-15 (8 oz)
Select flavor:
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1

Supplement - Novasource Renal [DNS30] Select Supplement: Novasource Renal
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1

Other

PMC Protein Supplement (Selection Required) [216931]

PMC Diet Supplement - Proti-15 [191966]

Supplement [DNS2A] Select Supplement: Proti-15 (8 oz)
Select flavor:
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1

PMC Diet Supplement - Novasource Renal [216929]

Supplement - Novasource Renal [DNS2A] Select Supplement: Novasource Renal
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1

Protein Supplement - No Lab Result (Single Response)
[216932]

Instructions for protein supplements:
For renal patients order Novasource Renal (8 oz);
For all other patients order Proti-15 (8 oz)

Supplement - Proti-15 [DNS2A] Select Supplement: Proti-15 (8 oz)
Select flavor:
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Supplement - Novasource Renal [DNS2A] Select Supplement: Novasource Renal
Supplement Frequency: Twice daily with L/D
Post-op, Qty-1

Other

Oral Nutrition Protocol [154672]

Activate oral nutrition ordering protocol as indicated in Until discontinued, Starting today, Post-op
the care of this patient [DNS21]

Other

DVT/VTE Prophylaxis

Mechanical Prophylaxis for DVT/VTE (Selection Required) [137889]

Apply and Maintain Intermittent Pneumatic Compression Until discontinued, Starting today
Devices (IPCS) [NUR536] Location: Bilateral lower extremities
Post-op

Apply venous foot pump (PlexiPulses) [NUR739] Until discontinued, Starting today
Location: Bilateral feet
Post-op

Apply compression stockings: remove and replace daily Until discontinued, Starting today
[NUR560] Type: Thigh high
Location: Bilateral lower extremities
Post-op

Reason for no VTE Prophylaxis - hospital admission - Reason for no VTE prophylaxis at admission?
mechanical [COR130] Post-op

Other

Initiate Mechanical DVT/VTE Prophylaxis [216910]

Initiate mechanical DVT/VTE prophylaxis [NUR185] Once For 1 Occurrences
Release Post-Op orders for mechanical DVT/VTE prophylaxis
(as ordered per surgeon) and initiate in PACU phase of care,
PACU (only)

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Other

IV Fluids

IV - access [146508]

Insert and maintain peripheral IV [IVT3] Once For 1 Occurrences, Post-op
 Other

IV Fluids (Single Response) [142655]

IV Fluids - sodium chloride 0.9 % infusion [27838] Intravenous, Continuous, Post-op
 IV Fluids - dextrose 5% - Post Op [2364] Intravenous, Continuous, Post-op
 IV Fluids - dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion [9801] Intravenous, Continuous, Post-op
 IV Fluids builder - Post Op [5000340] Intravenous, Continuous, Post-op
 Other

IV - Fluids - Bolus and Builder - Post Op (Single Response) [142981]

dextrose 5% - Bolus - Post Op [400293] Intravenous, Administer over: 2 Hours, Once, For 1 Doses, Post-op
 dextrose 5%- 0.45% sodium chloride - Bolus - Post Op [400295] Intravenous, Once, For 1 Doses, Post-op
 dextrose 5%-0.9% sodium chloride - Bolus - Post Op [400294] Intravenous, Once, For 1 Doses, Post-op
 dextrose 5%-lactated ringers - Bolus - Post Op [400297] Intravenous, Once, For 1 Doses, Post-op
 lactated ringers - Bolus - Post Op [400296] Intravenous, Administer over: 30 Minutes, Once, For 1 Doses, Post-op
 0.45% sodium chloride - Bolus - Post Op [400292] Intravenous, Once, For 1 Doses, Post-op
 Other

Medications

Infection Prevention [216912]

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

- chlorhexidine (use for PERIDEX) solution 0.12% 15 mL cups [9516] 15 mL, Mouth/Throat, Every 12 hours, For 4 Doses, Post-op Rinse mouth after oral hygiene completed.
- Other

Antibiotics - Spinal surgery (Single Response) [140117]

- Preferred antibiotic - ceFAZolin - For patients less than 120 kg [281648]
- For patients less than 120 kg - ceFAZolin IV [420006] 2 g, Intravenous, Every 8 hours variable, For 2 Doses, Post-op To be started 8 hours after pre-op dose given. Discontinue prophylactic antibiotic within 24 hours of wound closure.
Reason for Therapy: Surgical Prophylaxis (<1 day)
- Preferred antibiotic - ceFAZolin - For patients equal to or greater than 120 kg [281649]
- For patients equal to or greater than 120 kg - ceFAZolin IV [420006] 3 g, Intravenous, Every 8 hours variable, For 2 Doses, Post-op To be started 8 hours after pre-op dose given. Discontinue prophylactic antibiotic within 24 hours of wound closure.
Reason for Therapy: Surgical Prophylaxis (<1 day)
- Alternative antibiotics - cindamycin - vancomycin - for patients with history of allergy to PCN or cephalosporins (Single Response) [281650]
- vancomycin IV [420024] 15 mg/kg, Intravenous, Administer over: 60 Minutes, Once, For 1 Doses, Post-op
If CRCL =>60 mL/min, administer one postop dose 12 hours after preop dose. If CRCL <60 mL/min, omit postop dose. Discontinue prophylactic antibiotic within 24 hours of wound closure
Do you want pharmacy to dose vancomycin? Yes
Reason for Therapy: Surgical Prophylaxis (<1 day)
- clindamycin IV [420015] 900 mg, Intravenous, Administer over: 30 Minutes, Every 8 hours variable, For 2 Doses, Post-op
Discontinue prophylactic antibiotic within 24 hours of wound closure
Reason for Therapy: Surgical Prophylaxis (<1 day)
- Other

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Insulin - sliding scale [236440]

[X] Insulin Lispro sliding scale [299021]

[X] insulin lispro sliding scale [17405]

0-8 Units, Subcutaneous, 4 times daily before meals and nightly, Post-op
Lispro insulin Sliding Scale subcutaneous

IF BG less than 70 mg/dl: Follow Hypoglycemic Protocol and call MD.

If BG is 70 - 120 mg/dl GIVE 0 units
If BG is 121 - 150 mg/dl GIVE 1 units
If BG is 151 - 180 mg/dl GIVE 2 units
If BG is 181 - 210 mg/dl GIVE 3 units
If BG is 211 - 240 mg/dl GIVE 4 units
If BG is 241 - 270 mg/dl GIVE 5 units
If BG is 271 - 300 mg/dl GIVE 6 units
If BG is 301 - 330 mg/dl GIVE 7 units
If BG is 331 - 360 mg/dl GIVE 8 units
If BG is greater than 360 call MD

[X] Hypoglycemia Protocol [299022]

[X] Initiate Hypoglycemic protocol if fingerstick
blood sugar is less than 70 mg/dl
[NUR1228]

Until discontinued, Starting today
Per policy IM300.805, Post-op

[X] POC Whole Blood Glucose [NUR390]

As needed, Starting today
1. Symptomatic for hypoglycemia. If less than 70 mg/dL, provide
treatment.
2. Recheck FSBG within 30 minutes after treatment is given.
3. Recheck every hour x 2 once FSBG is greater than 70 mg/dL, Post-op

[X] Hypoglycemia Treatment [299023]

[X] dextrose (use for DEX4) liquid [4081206]

"Or" Linked Panel
15-30 g, Oral, As needed, See admin instructions, Post-op
1. For blood glucose levels between 54 - 69 mg/dL give 15 grams if
patient is alert and able to swallow. If patient refuses dextrose liquid/gel,
give 4 oz fruit juice or non-diet soda.
2. For blood glucose levels less than or equal to 53 mg/dL give 30 grams

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

if patient is alert and able to swallow. If patient refuses dextrose liquid/gel, give 8 oz fruit juice or non-diet soda.

May be given via NG/OG/PEG/feeding tube if placement has been confirmed.

Recheck FSBG within 30 minutes after treatment is given.

Once blood glucose is equal to or greater than 70 mg/dL, check blood glucose every hour for two hours.

[X] dextrose in water (D50W) syringe [122008]

25-50 mL, Intravenous, As needed, low blood sugar, see admin instructions, Post-op

1. For blood glucose levels between 54 - 69 mg/dL, give 25 mL if patient is alert and unable to swallow or is NPO or has fluid restrictions or is post-bariatric surgery.

2. For blood glucose levels between 53 mg/dL or below, give 50 mL if patient is alert and unable to swallow or is NPO or has fluid restrictions or is post-bariatric surgery.

3. For blood glucose levels less than 70 mg/dL give 50 mL for LOSS of consciousness or ALTERED mental status and if patient has intravenous (IV) access.

After D50 treatment, a carbohydrate option should be considered and tailored to the patient in order to maintain glucose levels above 100 mg/dL.

Recheck FSBG within 30 minutes after treatment is given.

Once blood glucose is equal to or greater than 70 mg/dL, check blood glucose every hour for two hours.

[X] glucagon (human recombinant) kit
[5000797]

1 mg, Intramuscular, As needed, low blood sugar, See admin instructions, Post-op

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

For blood glucose levels less than 70 mg/dL or for LOSS of consciousness or ALTERED mental status AND patient has NO intravenous (IV) access.

After administration, roll patient on side into the recovery position.

Recheck FSBG within 30 minutes after treatment is given.

Once blood glucose is equal to or greater than 70 mg/dL, check blood glucose every hour for two hours.

Other

Prophylaxis Pain Management [225562]

acetaminophen (use for TYLENOL) tablet [102]

1,000 mg, Oral, Every 8 hours variable, Post-op
First dose to be scheduled 8 hours after pre-op dose.

Gabapentin or pregabalin (Single Response) [299020]

(X) Gabapentin 300 mg OR 100 mg dose (Single Response)
[225563]

gabapentin 100 mg dose should be used for patients greater than 65 years old OR with decreased renal function (CrCl 30 mL/min or less).

(X) gabapentin (use for NEURONTIN) - 300 mg dose [5000504] 300 mg, Oral, Every 8 hours, Post-op

() gabapentin (use for NEURONTIN) - 100 mg dose: Use for patients greater than 65 years old OR with decreased renal function [5000504] 100 mg, Oral, Every 8 hours, Post-op

() pregabalin (use for LYRICA) capsule [42162] 75 mg, Oral, 2 times daily, For 30 Days, Post-op

celecoxib (use for CeleBREX) capsule [24500]

200 mg, Oral, 2 times daily, Starting tomorrow, Post-op

Analgesics - Scheduled (Single Response) [140152]

() morphine tablet 12 hours - Post Op [119246] 15 mg, Oral, Every 12 hours, For 5 Days, Post-op

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

oxyCODONE tablet 12 hours - Post Op Oral, Every 12 hours, For 5 Days, Post-op
[122363]

Other

Analgesics for Mild Pain (Single Response) [3048002264]

acetaminophen (use for TYLENOL) tablet [101] 500 mg, Oral, Every 6 hours PRN, mild pain (score 1-4), Post-op

ibuprofen (use for MOTRIN) tablet [3841] 400 mg, Oral, Every 6 hours PRN, mild pain (score 1-4), Starting today, Post-op

traMADol [221509]

traMADol (use for ULTRAM) tablet [14632] 50 mg, Oral, Every 6 hours PRN, mild pain (score 1-4), For 30 Days, Post-op

HYDROcodone-acetaminophen (use for NORCO 5-325 mg) [34505] 1 tablet, Oral, Every 4 hours PRN, mild pain (score 1-4), Starting today, For 5 Days, Post-op

oxyCODONE (use for ROXICODONE) immediate release tablet [10814] 5 mg, Oral, Every 3 hours PRN, mild pain (score 1-4), Starting today, For 5 Days, Post-op

Other

Moderate Pain (Single Response) [3048002268]

traMADol (use for ULTRAM) tablet [14632] 50 mg, Oral, Every 6 hours PRN, moderate pain (score 5-7), For 30 Days, Post-op

HYDROcodone-acetaminophen (use for NORCO 7.5-325 mg) [34544] 1 tablet, Oral, Every 4 hours PRN, moderate pain (score 5-7), Starting today, For 5 Days, Post-op

HYDROcodone-acetaminophen (use for NORCO 10-325 mg) [28384] 1 tablet, Oral, Every 4 hours PRN, moderate pain (score 5-7), Starting today, For 5 Days, Post-op

oxyCODONE (Single Response) [148033]

oxyCODONE (use for ROXICODONE) immediate release tablet [10814] 5 mg, Oral, Every 4 hours PRN, moderate pain (score 5-7), For 5 Days, Post-op

oxyCODONE (use for ROXICODONE) immediate release tablet [10814] 7.5 mg, Oral, Every 4 hours PRN, moderate pain (score 5-7), For 5 Days, Post-op

ketorolac (use for TORADOL) injection [420074] 15 mg, Intramuscular, Every 6 hours PRN, moderate pain (score 5-7), For 5 Days, Post-op

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Other

Severe Pain (Single Response) [225564]

- (X) oxyCODONE (use for ROXICODONE) immediate release tablet [10814] 10 mg, Oral, Every 4 hours PRN, severe pain (score 8-10), For 5 Days, Post-op
- () morphine injection [420065] Intravenous, For 5 Days, Post-op
Encourage oral pain medications first
- () HYDROmorphone (use for DILAUDID) injection [420077] 0.5 mg, Intravenous, Every 4 hours PRN, severe pain (score 8-10), For 5 Days, Post-op
Encourage oral pain medications first

Other

Narcotic respiratory reversal [146474]

- [X] naloxone injection [5373] 0.2 mg, Intravenous, Every 5 min PRN, respiratory depression, Opiate reversal, Post-op
If respiratory rate is less than 8 breaths/ minute or patient is difficult to arouse stop any narcotics and contact physician.
Repeat as ordered until patient's respiratory rate is greater than 12 breaths/ minute.
Administer slow IV push.

Other

Muscle Relaxants (Single Response) [3048002269]

- (X) Muscle Relaxants SCHEDULED THEN PRN (Single Response) [155453]
- (X) methocarbamol scheduled followed by PRN [225565] **"Followed by" Linked Panel**
- [X] methocarbamol (use for ROBAXIN) tablet 500 mg, Oral, Every 6 hours, For 8 Doses, Post-op [4971]
- [X] methocarbamol (use for ROBAXIN) tablet 500 mg, Oral, Every 6 hours PRN, muscle spasms, Starting H+6 Hours, Post-op [4971]
- () Muscle Relaxants Scheduled and/or PRN [3048002270]
- Muscle relaxants SCHEDULED (Single Response)

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

[3048002265]

() Muscle Relaxants SCHEDULED ORAL (Single Response) [150938]

- | | |
|---|---|
| () cyclobenzaprine tablet [35184] | 5 mg, Oral, Every 8 hours, Starting today, Post-op |
| () baclofen (use for LIORESAL) tablet [860] | 5 mg, Oral, Every 8 hours, Post-op |
| () tiZANidine tablet [14792] | 4 mg, Oral, Every 8 hours, Starting today, Post-op |
| () diazepam tablet [2404] | 2 mg, Oral, Every 6 hours, Starting today, For 30 Days, Post-op |
| () methocarbamol tablet [4971] | 500 mg, Oral, Every 6 hours, Starting today, Post-op |
| () methocarbamol (USE FOR ROBAXIN) injection [4080684] | 500 mg, Intravenous, Every 6 hours, Starting today, Post-op |

[] Muscle relaxants PRN (Single Response) [155454]

- | | |
|--|--|
| () cyclobenzaprine tablet [35184] | 5 mg, Oral, Every 8 hours PRN, muscle spasms, Post-op |
| () baclofen (use for LIORESAL) tablet [860] | 5 mg, Oral, Every 6 hours PRN, muscle spasms, Post-op |
| () tiZANidine tablet - PRN [14792] | 4 mg, Oral, Every 8 hours PRN, muscle spasms, Post-op |
| () diazepam tablet [2404] | 2 mg, Oral, Every 6 hours PRN, muscle spasms, For 30 Days, Post-op |

[] Other

Antiemetics (Single Response) [3048002266]

() prochlorperazine IV or promethazine PO [180292]

"Or" Linked Panel

- | | |
|---|--|
| [] prochlorperazine (use for COMPAZINE) injection [6580] | 10 mg, Intravenous, Every 6 hours PRN, nausea, vomiting, Post-op
Oral administration is preferred unless it cannot be tolerated. |
| [] promethazine (use for PHENERGAN) tablet [6622] | 25 mg, Oral, Every 6 hours PRN, nausea, vomiting, Nausea or Vomiting, Post-op
Oral administration is preferred unless it cannot be tolerated. |

() Ondansetron ODT [180818]

"Or" Linked Panel

- | | |
|---|--|
| [] ondansetron ODT (use for ZOFTRAN-ODT) disintegrating tablet [27698] | 8 mg, Oral, Every 8 hours, Starting H+4 Hours, For 24 Hours, Post-op |
|---|--|

() Ondansetron IV [3048002267]

- | | |
|---|---|
| [] ondansetron (use for ZOFTRAN) IVPB [420063] | 4 mg, Intravenous, Every 6 hours PRN, nausea, Post-op |
|---|---|

[] Other

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Sleep Aids (Single Response) [140048]

<input type="checkbox"/> melatonin tablet [16830]	3 mg, Oral, Nightly PRN, sleep, Starting today, Post-op
<input type="checkbox"/> melatonin tablet [16830]	6 mg, Oral, Nightly PRN, sleep, Starting today, Post-op
<input type="checkbox"/> zolpidem tablet [11701]	5 mg, Oral, Nightly PRN, sleep, Starting today, For 30 Days, Post-op
<input type="checkbox"/> temazepam (use for RESTORIL) capsule [11500]	15 mg, Oral, Nightly PRN, sleep, Starting today, For 30 Days, Post-op
<input type="checkbox"/> Other	

Bowel Management [3048002246]

<input type="checkbox"/> Bowel Management - Scheduled [3048002260]	
<input type="checkbox"/> polyethylene glycoL (use for GLYCOLAX) powder [4080549]	17 g, Oral, Daily, Starting today, Post-op
<input type="checkbox"/> senna (use for SENOKOT) [11349]	1 tablet, Oral, 2 times daily, Starting today, Post-op
<input type="checkbox"/> docusate sodium (use for COLACE) capsule [2566]	100 mg, Oral, 2 times daily, Starting today, Post-op Omit for loose stool
<input type="checkbox"/> Bowel Management PRN (Single Response) [3048002261]	
<input type="checkbox"/> bisacodyL (use for DULCOLAX) suppository [1080]	10 mg, Rectal, Daily PRN, constipation, Post-op Omit for loose stool
<input type="checkbox"/> polyethylene glycoL (use for GLYCOLAX) powder [4080549]	17 g, Oral, Daily PRN, constipation, Post-op
<input type="checkbox"/> sodium phosphates (use for FLEET ENEMA) enema [11395]	1 enema, Rectal, Once as needed, constipation, For 1 Doses, Post-op
<input type="checkbox"/> Other	

Comfort medications [144478]

<input type="checkbox"/> diphenhydrAMINE capsule [2505]	25 mg, Oral, Every 6 hours PRN, itching, Post-op
<input type="checkbox"/> simethicone chewable tablet [7227]	40 mg, Oral, 4 times daily PRN, flatulence, Post-op
<input type="checkbox"/> aluminum-magnesium hydroxide-simethicone (MAALOX) suspension [9014]	5 mL, Oral, 4 times daily PRN before meals and at bedtime, indigestion, Post-op
<input type="checkbox"/> benzocaine-menthoL (use for CEPACOL) lozenge	1 lozenge, Mouth/Throat, Every 2 hour PRN, sore throat,

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

[4081269]	Post-op
<input type="checkbox"/> phenol (CHLORASEPTIC) spray [36976]	2-5 spray, Oral, Every 2 hour PRN, sore throat, For throat discomfort, Post-op
<input type="checkbox"/> Other	

Other Medications [140339]

<input type="checkbox"/> dexAMETHasone (use for DECADRON) injection [420206]	4 mg, Intravenous, Every 6 hours, Starting today, Post-op
<input type="checkbox"/> Other	

Respiratory Care

Respiratory [173844]

<input type="checkbox"/> Oxygen Therapy Adult [RT73]	Routine, Post-op Device: Keep O2 Sat Above: Initiate and adjust per policy IM 300.603; notify respiratory therapy to manage oxygen if greater than 3l/min is required.
<input type="checkbox"/> Other	

Lab Tests

SR LAB CBC STAT PACU [143925]

<input type="checkbox"/> CBC auto differential [LAB1748]	STAT For 1 Occurrences Release to patient: Immediate To be drawn in PACU, Blood, PACU (only)
<input type="checkbox"/> Other	

SR LAB CBC AM POST OP [143927]

<input type="checkbox"/> CBC auto differential [LAB1748]	Morning draw 0500 For 1 Occurrences Release to patient: Immediate Blood, Post-op
--	--

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Other

SR LAB CBC POST IN AM X3 [144423]

CBC auto differential [LAB1748]

Daily For 3 Occurrences
Release to patient: Immediate
Blood, Post-op

Other

SR LAB BMP STAT PACU [143928]

Basic metabolic panel [LAB15]

STAT For 1 Occurrences
Enter patient height in cm (if not documented in chart):
Enter patient weight in kg (if not documented in chart):
Release to patient: Immediate
Blood, PACU (only)

Other

SR LAB BMP POST OP NO DEFAULT [146582]

Basic metabolic panel [LAB15]

Morning draw 0500 For 1 Occurrences
Enter patient height in cm (if not documented in chart):
Enter patient weight in kg (if not documented in chart):
Release to patient: Immediate
Blood, Post-op

Other

SR LAB BMO POST IN AM X3 [144424]

Basic metabolic panel [LAB15]

Daily For 3 Occurrences
Enter patient height in cm (if not documented in chart):
Enter patient weight in kg (if not documented in chart):
Release to patient: Immediate
Blood, Post-op

Other

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

SR LAB PT PACU STAT [144420]

- | | |
|--|---|
| <input type="checkbox"/> Prothrombin Time-INR [LAB320] | STAT For 1 Occurrences
Release to patient: Immediate
Blood, PACU (only) |
| <input type="checkbox"/> PTT [LAB325] | STAT For 1 Occurrences
Release to patient: Immediate
Blood, PACU (only) |
| <input type="checkbox"/> Other | |

SR LAB PR POST IN AM [144421]

- | | |
|--|--|
| <input type="checkbox"/> Prothrombin Time-INR [LAB320] | Morning draw 0500 For 1 Occurrences
Release to patient: Immediate
Blood, Post-op |
| <input type="checkbox"/> PTT [LAB325] | Morning draw 0500 For 1 Occurrences
Release to patient: Immediate
Blood, Post-op |
| <input type="checkbox"/> Other | |

SR LAB PT POST AM X3 [144422]

- | | |
|--|--|
| <input type="checkbox"/> Prothrombin Time-INR [LAB320] | Daily For 3 Occurrences
Release to patient: Immediate
Blood, Post-op |
| <input type="checkbox"/> PTT [LAB325] | Daily For 3 Occurrences
Release to patient: Immediate
Blood, Post-op |
| <input type="checkbox"/> Other | |

Lab POC [142280]

- | | |
|---|---------------|
| <input type="checkbox"/> POC Fingertstick Blood Glucose (FSBG) [NUR390] | Once, Post-op |
| <input type="checkbox"/> Other | |

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Imaging Studies

Imaging - Spine [144425]

<input type="checkbox"/> XR spine cervical 1 vw - portable [IMG5243]	STAT, Once For 1 Is the patient pregnant? Reason for Exam: Portable? Yes PACU (only)
<input type="checkbox"/> XR spine cervical 1 vw - In AM [IMG5243]	Routine, Once For 1 Is the patient pregnant? Portable? Reason for Exam: Release to patient: Immediate Post-op
<input type="checkbox"/> XR spine dorsal 1 vw - portable [IMG5244]	STAT, Once For 1 Is the patient pregnant? Reason for Exam: Portable? Yes PACU (only)
<input type="checkbox"/> XR spine dorsal 1 vw - In AM [IMG5244]	Routine, Once For 1 Is the patient pregnant? Portable? Reason for Exam: Release to patient: Immediate Post-op
<input type="checkbox"/> XR spine lumbar 1 vw - portable [IMG5245]	STAT, Once For 1 Is the patient pregnant? Reason for Exam: Portable? Yes PACU (only)
<input type="checkbox"/> XR spine lumbar 1 vw - IN AM [IMG5245]	Routine, Once For 1 Is the patient pregnant? Portable? Reason for Exam:

Physician Printed Name:

Physician Signature:

Date/Time:

Patient Label:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Release to patient: Immediate
Post-op

Other

Miscellaneous Orders

Consults [139425]

Inpatient consult to Hospitalist [CON25]

Reason for Consult?
Did you contact the consultant?
Level of Consultation:
Post-op

Consult physician (specify) [CON221]

Reason for Consult?
Did you contact the consultant?
Level of Consultation:
Post-op

Other

Consult [143917]

PT eval and treat [PT4]

Once
Reason for PT? Post Spinal
Place brace (if ordered), Post-op

Other

SR CON OT/ SLP POST SPINE [144427]

OT eval and treat [OT1]

Once
Reason for OT? Post spine surgery - include adl's and assistive device
Include adl's and assistive device, Post-op

SLP eval and treat [SLP2]

Once
Reason for SLP? post spine surgery
Post-op

Other

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time:

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

Case Management referral [216917]

Consult Case Management [CON101]

Reason for Consult? Discharge planning and home health PT visits
Reason for CM Referral: Discharge Planning
Post-op

Other

Massage Therapy [3048002263]

Massage therapy [NUR306]

As needed, Post-op

Other

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time: