

**PHYSICIAN'S ORDERS  
BOWEL RESECTION / OSTOMY  
POSTOPERATIVE (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.**

**Continue with Clinical Pathway Elective Colorectal Resection/Ostomy if inclusion criteria met  
Diagnostic testing:**

CBC, lytes, urea, glucose, creatinine daily x \_\_\_\_\_

**IV therapy:**

IV normal saline at \_\_\_\_\_ mL/h

Change IV to 2/3-1/3 with KCl 20 mEq/L at \_\_\_\_\_ mL/h next am

Replacement IV: normal saline with KCl 20 mEq/L, volume for volume q shift

Discontinue IV as per criteria on Clinical Pathway OR \_\_\_\_\_

**Antibiotics:**

<b>Give selected antibiotic(s) x 1 day</b>	<b>OR</b>	<b>x _____ days</b>
<input type="checkbox"/> Cefoxitin 1 g IV q8h		
<input type="checkbox"/> Ampicillin 1 g IV q6h <b>AND</b> Metronidazole 500 mg IV q12h <b>AND</b> Gentamicin _____ mg IV q24h		
(Use with significant beta lactam allergy)		
<input type="checkbox"/> Metronidazole 500 mg IV q12h <b>AND</b> Ciprofloxacin 400 mg IV q12h		
<b>Other:</b>		

**Medications:**

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

Continue dalteparin until hospital discharge.

Ranitidine 50 mg IV q8h until NG tube out

Analgesia as per Pain Service. When PCA/epidural analgesia discontinued and tolerating full fluids, may have:

Acetaminophen 325 mg with codeine \_\_\_\_\_ mg 1-2 tabs po q4h prn for pain

Tramadol 37.5 mg with acetaminophen 325 mg 1-2 tabs po q4h prn for pain

Oxycodone 5 mg with acetaminophen 325 mg 1-2 tabs po q4h prn for pain

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

Ondansetron \_\_\_\_\_ mg IV q \_\_\_\_\_ h prn x 48 h, give if dimenhydrinate ineffective

**Consults**

Physio for Chest Physiotherapy/Incentive Spirometry

Social Work

CCAC

Dietitian before advancing to DAT/New Ostomy Diet

Enterostomal Therapist

Dietitian for patients with ileostomy

**Other Orders**

Sit at side of bed/stand with assistance day of surgery, progress to AAT

<input type="checkbox"/> NPO <b>OR</b> <input type="checkbox"/> Ice Chips prn <b>OR</b> <input type="checkbox"/> Clear Fluids
<input type="checkbox"/> Salem Sump NGT to low suction <b>OR</b> Salem Sump NGT to straight drainage Reassess when passing flatus
<input type="checkbox"/> JP drain to self suction
<input type="checkbox"/> Antiembolic stockings <b>OR</b> <input type="checkbox"/> _____
Foley Catheter to Straight Drainage
Dressing and Ostomy Care as per Pathway <b>OR</b> _____

**Discharge Orders:** If on pathway obtain order for discharge when Discharge Criteria met, assess need for CCAC.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD SIGNATURE

