

PHYSICIAN'S ORDERS
ESOPHAGEAL 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.

See critical care: Medical/Surgical Admission Orders for remaining orders

Assessment and treatments:

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

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

Sequential pneumatic compression device for VTE prophylaxis if patient has epidural catheter

Jackson Pratt drain to bulb, empty q12h and _____

Feeding jejunostomy to straight drainage x _____ h

Start D5W via j-tube at 20 mL/h x _____ h

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

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)

Cefoxitin 600 mg IV q8h x 3 doses

OR

Clindamycin 600 mg IV q8h x 3 doses **AND** gentamicin 80 mg IV q8h x 3 doses

Analgesia orders when epidural/PCA discontinued:

Date: _____ Time: _____

MD SIGNATURE

