

302 POST-OP ADMISSION ORDERS – BREAST REDUCTION page 1
Dr. Luis Cuadros 505.243.7670

Pt name: _____ DOB: _____

CSN: _____

Date: _____

Status: Bedded Outpatient

Dx: S/P Bilateral breast reduction

Diet: Advance to regular as tolerated

Activities: Ad Lib

IV: D5NS @ 50cc Hour

O2 via NP to keep O2 Sat > 95%

Straight Cath PRN

Sequential TEDS

Morphine PCA:

Loading dose 2mg, then PCA dose 1mg, lockout interval Q10 minutes.

If pain not controlled, increase PCA dose to 2mg Q10 minutes.

Morphine IV Bolus 2mg Q1 Hour PRN breakthrough pain

If unable to tolerate Morphine → change to Dilaudid PCA

Dilaudid PCA (if unable to tolerate morphine):

Loading dose 0.2mg, then PCA dose 0.1mg, lockout interval Q10 minutes.

If pain not controlled, increase PCA dose to 0.2mg Q10 minutes.

Dilaudid IV bolus 0.1mg Q 1 hour PRN breakthrough pain

Medications:

Kefzol 1gm IV Q8hr

Restoril 15-30mg PO HS PRN sleep

Tylenol 650mg PO/PR Q4hr PRN T>101°F or PRN pain

Zofran 4mg IV Q8hr PRN Nausea

Phenergan 6.25-12.5mg IV Q8hr PRN Nausea

Phenergan 25mg PO/PR Q8hr PRN Nausea

Benadryl 25-50mg PO Q6hr PRN itching

Toradol 30mg IV Q8hr PRN pain

Percocet 5/325 1-2 PO Q6hr PRN pain

Bacitracin 1 oz tube at bedside for dressing change

POST-OP ADMISSION ORDERS – BREAST REDUCTION page 2

Protocol for JP Care:

JP drains checked Q4hr for bulb compression, quantity and quality of drainage

Mark as sanguineous, serous or sero-sanguineous.

Record Q4hrs as follows: 6PM, 10PM, 2AM and 6AM.

Call MD:

if JP drainage greater than 50cc Q4 hours, or if increased pain and swelling is noted

Please have at bedside in am for dressing change:

[2] Blue disposable Chux

4X4 gauze – one box

250cc Saline irrigation

[2] Large Kerlix

[2] 3X18" petrolatum gauze

[2] 6" Ace wraps

suture removal set

Resume Pre-op Medications as follows:

Other Orders: