## TURP Post Operative Orders - Clinical Pathway: Day 1

### Activity:
1. Bedrest
2. Have patient turn, cough, and deep breathe

### Labs:
1. CBC this evening
2. Lytes this evening

### Diet:
1. Diet as tolerated
2. Encourage fluids

### IV Fluids:

### TEDS

### PO Antibiotics:

### Pain Medication:

### Intake and Output:

### Manual Irrigation as Needed:

### Assess Urine for Color and Clots q Shift:

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**Physician's Signature:**

**Date:**

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**Nurse's Signature/Title:**

**Date:**
**TURP POST OPERATIVE ORDERS - CLINICAL PATHWAY: Day 2**

<table>
<thead>
<tr>
<th>NO PCP, TB, Aspiration</th>
<th>PAGE 1 of 1</th>
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</thead>
<tbody>
<tr>
<td><strong>DATE:</strong></td>
<td><strong>TIME:</strong></td>
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<tr>
<td><strong>ACTIVITY:</strong></td>
<td><strong>OOB as tolerated</strong></td>
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<tr>
<td><strong>LABS:</strong></td>
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</tr>
<tr>
<td>1. CBC</td>
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<tr>
<td>2. Lytes</td>
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<td><strong>STOOL SOFTENER:</strong></td>
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<tr>
<td>DC IV in AM</td>
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<tr>
<td>Remove Foley Catheter at 0600 (6am)</td>
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<tr>
<td>Discharge Today, if patient voids</td>
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</tbody>
</table>

*FAXED BY/TIME:*

*TIME NOTED:*

Doctor's Signature ________________________________ MD Date ___________

Nurse's Signature / Title

*PART OF THE MEDICAL RECORD*

- **Military Time:** > >

*USE BALL POINT PEN ONLY - PRESS FIRMLY*