**DIAGNOSIS:**

**Surgical Procedure:**

- NGT: _____ Low Continuous _____ Low Intermittent
  (Check option or cross out)

- TEDS _____ SCUDS _____ PLEXI PULSE _____
  (Check option or cross out)

**Doctor’s Signature ____________________________________, MD   Date __________**

**Nurse’s Signature / Title___________________________________________________**

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### Large Bowel Resection - Clinical Pathway: DRG #148

<table>
<thead>
<tr>
<th>Check (✓) Each Order As Transcribed</th>
<th>Check (✓) Pharmacy Orders</th>
</tr>
</thead>
</table>

**Date:**                            **Time:**

( Military Time )

**Diagnosis:**

**Surgical Procedure:**

**Surgeons:**

**VS:** Q 4 HR

**Diet:** NPO

**Activity:** BED REST, TURN Q 2 HR

**Labs:** CBC, BMP Tomorrow AM

**Iv Fluids:**

**Iv Antibiotics:**

**Pain Medication:**

**NGT:** _____ Low Continuous _____ Low Intermittent
  (Check option or cross out)

**Foley to Straight Drainage**

**I/O**

**Teds _____ Scuds _____ Plexi Pulse _____**
  (Check option or cross out)

**Incentive Spirometry Q 1 HR W/A**

**Deep Breathing and Coughing Q 1 HR W/A**

**Consults:**

- ________ ET Nurse Consult (Wound Ostomy Nurse)
- ________ Case Management Consult for D/C Planning

**Wound / Dressing Care:**

**Faxed by/time:**

**Time Noted:**

**Doctor’s Signature ________________________________, MD Date __________**

**Nurse’s Signature / Title______________________________**

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**Part of the Medical Record**

**Use Ball Point Pen Only - Press Firmly**

**8850055 Rev 05/05**

Large Bowel Resection Physicians Order_CLINICAL PATHWAYS_MEDICAL AFFAIRS **Page 1 of 1**