

NW Region

**Outpatient Total Laparoscopic Hysterectomy/  
Laparoscopic Assisted Vaginal Hysterectomy**

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Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
<b>PATIENT LABEL</b>			

**Allergies:** ☐ None Known ☐ Unable to Obtain  
List with Reactions: \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg  
**Height:** \_\_\_\_\_ cm

PREOPERATIVE

**1. MEDICATIONS**

Pain management

- ☐ **acetaminophen** 975 mg PO/PR x 1 dose 1 hour prior to operating room  
☐ **naproxen** 500 mg PO/PR x 1 dose 1 hour prior to operating room  
☐ **gabapentin** 300 mg PO x 1 dose 1 hour prior to operating room

**Prescriber signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

POSTOPERATIVE

**1. PATIENT CARE**

- if RR less than 10 breaths per minute:
  - administer no further opiates and contact MRP or designate and Registered Respiratory Therapist (RRT) as available STAT
  - stimulate patient
  - administer O<sub>2</sub> at 10 L/minute by mask

**2. DIET** ☐ diet as tolerated ☐ other \_\_\_\_\_

**3. IV FLUIDS** ☐ IV fluid \_\_\_\_\_ at \_\_\_\_\_ mL/h, IV saline lock when drinking well

**4. MEDICATIONS**

Pain management

- ☐ **acetaminophen** 975 mg PO q6h (max 4 g/day) (start 6 hours after any preoperative dose given)  
☐ **naproxen** 500 mg PO q8h (start 8 hours after any preoperative NSAIDs i.e. ketorolac, naproxen)  
☐ **HYDROMORPHONE** 1 to 2 mg PO q\_\_\_\_h PRN for pain

**\*OR\***

- ☐ **HYDROMORPHONE** 0.5 mg subcutaneous q1h PRN for breakthrough pain x 3 doses

**\*OR\***

- ☐ **morphine** 2 to 4 mg IV q\_\_\_\_h PRN for pain

Respiratory depression (if RR less than 8 breaths per minute)

- ☐ **naloxone** 0.2 to 0.4 mg IV STAT and assess response (may repeat q3min x 2 additional doses)

Nausea management:

- ☐ **ondansetron** 4 mg IV q6h PRN nausea (start 6 hours after any intraoperative ondansetron if given)  
☐ **dimenhydrinate** 25 to 50 mg IV q4h PRN nausea

DISCHARGE

- ☐ discharge once site specific criteria met and patient seen by MRP or designate  
☐ patient must void prior to discharge; if unable to void, contact MRP post bladder scan  
☐ home prescriptions written and faxed to retail pharmacy or given to patient  
☐ may return to showering as usual at home  
☐ patient follow up appointment in ☐ \_\_\_\_\_ day(s) or ☐ \_\_\_\_\_ week(s)

**Prescriber signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

