



**PHYSICIAN'S ORDERS**

**ALLERGIES: See Master Allergy Sheet**

ORDERED		POST-OP ORDERS	DR. LINTON; DR. ALTMYER	TIME ORDER NOTED
Date	Time			
		<p><i>Check Appropriate Boxes.</i></p> <p>1. To PACU, floor when stable</p> <p>2. Routine PACU post-op vital signs, then every 4 hours</p> <p>3. <input type="checkbox"/> Consult _____ for the following conditions:</p> <p>4. Check circulation and sensation of _____ with vital signs.</p> <p>5. Regular diet when fully alert</p> <p>6. IV _____ at _____ ml/hr</p> <p>7. Hemovac empty and record every shift</p> <p>8. Straight cath. every 8 hours as needed</p> <p>9. Elevate _____ with two pillows under heel</p> <p><b>DO NOT LET BACK OF KNEE TOUCH BED OR PILLOW</b></p> <p>10. DVT Prophylaxis:</p> <p><input type="checkbox"/> SCD hose to legs in PACU PLUS</p> <p><input type="checkbox"/> Warfarin (Coumadin) _____ mg every day PO, hold if PT &gt; 15.9 <b>OR</b></p> <p><input type="checkbox"/> Enoxaparin (Lovenox) 30 mg SQ every 12 hours daily <b>OR</b></p> <p><input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SQ daily</p> <p><input type="checkbox"/> Anticoagulation Contraindications:</p> <p><input type="checkbox"/> Bleeding risk</p> <p><input type="checkbox"/> Other documented reason:</p> <p>11. <b>MEDS:</b></p> <p><input type="checkbox"/> Cefazolin (Ancef) 1 g IVPB every 8 hours x 3 doses not to exceed 24 hours</p> <p><input type="checkbox"/> Ketorolac (Toradol) 60 mg IM on arrival to floor, then 30 mg IM every 6 hours as needed for severe pain</p> <p><input type="checkbox"/> Hydrocodone / Acetaminophen (Lortab) 7.5 mg 1 or 2 by mouth every 4 hrs as needed for less pain, ok to give with Ketorolac</p> <p><input type="checkbox"/> Acetaminophen (Tylenol) 650 mg by mouth every 4 hours as needed for temp. over 101°</p> <p><input type="checkbox"/> Sodium phosphate rectal solution (Fleet enema) or Bisacodyl (Dulcolax) suppository as needed for constipation</p> <p><input type="checkbox"/> Triazolam (Halcion) 0.125 mg by mouth at bedtime as needed for insomnia</p> <p><input type="checkbox"/> Promethazine (Phenergan) 25 mg IM every 6 hours as needed for nausea</p> <p>12. PT orders:</p> <p>Ambulate with crutches 50% PWB, quad sets, SLR, ankle pumps, prone extensions to _____</p> <p>13. Cryocuff – elevate for 15 minutes every 1 hour while awake</p> <p><b>Teach family how to use</b></p> <p>_____ _____ _____</p> <p>Physician Signature: _____ Date/Time: _____</p>		

▼ Patient Label ▼

