BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

**PHYSICIAN'S ORDERS**

ORD

| ORDERED Date | ORDERED Time | ORDERS | TIME ORDER NOTED |
|---|---|---|---|
| | | Routine Recovery Room Vital Signs | |
| | | Vital Signs every 4 hours | |
| | | Up in Hall, Cough and Deep Breathe every 2 hours until 10 PM then | |
| | | every 4 hours | |
| | | IV: | |
| | | Diet ☐ Clear Liquid ☐ DAT ☐ Other | |
| | | Morphine Sulfate 10 mg IM every 4 hours PRN or PCA PRN for pain | |
| | | Propoxyphene Napsylate (Darvon N) 100 PO every 4 hours PRN | |
| | | Prochlorperazine (Compazine) 10 mg IM every 6 hours PRN X 2 for nausea | |
| | | Bisacodyl (Dulcolax) suppositories rectally X 2 every 12 hours | |
| | | Temazepam (Restoril) 15 mg PO at bedtime PRN for sleep, may repeat | |
| | | DVT Prophylaxis: SCDs Post-Op | |
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| | | Physician Signature: Date: Time: | |

▼ Addressograph / Patient Label ▼

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**POST OP ORDERS**
**LAPAROSCOPIC CHOLECYSTECTOMY**

Form # 18-214.71 (03/08)

Original – Chart / Canary – Copy