

PHYSICIAN'S ORDERS



ALLERGIES: See Master Allergy Sheet

ORDERED		POST-OPERATIVE REPECCI ORDERS FOR: Charles Rhea, MD	TIME ORDER NOTED
Date	Time		
		<p>Check Appropriate Boxes.</p> <p>1. Portable X-Ray _____ in PACU (AP &amp; Lateral)</p> <p>2. VS per PACU routine, then every 4 hours x 48 hours then routine if stable</p> <p>3. <input type="checkbox"/> Consult _____ for the following conditions:</p> <p>4. Check circulation, sensation, and motor function frequently in toes</p> <p>5. Heel cuffs, thigh high TEDS. Elevate operative leg with folded pillow under ankle.</p> <p>6. Incentive Spirometry</p> <p>7. DC Foley in AM &amp; Straight Cath PRN</p> <p>8. Diet: Fluids &amp; Advance to Regular as tolerated</p> <p>9. Fluids: Lactated Ringers 125 ml/hour then decrease to 60 ml/hr after 1<sup>st</sup> 24 hours</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 OR</p> <p><input type="checkbox"/> Enoxaparin (Lovenox) 30 mg SQ every 12 hours daily OR</p> <p><input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SQ daily beginning @6PM post-op day #1</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. MEDS:</p> <p><input type="checkbox"/> Cefazolin (Ancef) 1 g IVPB every 8 hours x 24 hours</p> <p><input type="checkbox"/> Promethazine (Phenergan) 25 mg IM every 6 hours as needed for nausea</p> <p><input type="checkbox"/> Psyllium powder (Metamucil) 15 ml PO every HS. Discontinue if loose stools</p> <p><input type="checkbox"/> Milk of Magnesia (MOM) 30 ml PO PRN constipation. Enema if needed.</p> <p><input type="checkbox"/> Acetaminophen (Tylenol) 500 mg 1 or 2 by mouth every 4 hours PRN temp. over 100°</p> <p><input type="checkbox"/> PCA pump Meperidine (Demerol) 10 mg every 15 min. 4 hr max of 160 mg</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 5 mg / Acetaminophen 500 (Lortab-5) 1 or 2 every 4 hrs PRN severe pain</p> <p><input type="checkbox"/> Propoxyphene N 100 / Acetaminophen 650 mg (Darvocet-N) 1 or 2 every 4 hrs PRN milder pain</p> <p><input type="checkbox"/> Zolpidem (Ambien) 5 mg PO HS PRN insomnia, may repeat</p> <p><input type="checkbox"/> Ketorolac (Toradol) 60 mg IM in AM prior to discharge</p> <p>12. Physical Therapy Orders: Gait train BID with walker. May bear full weight.</p> <p>Isometric quad exercises BID, please begin the afternoon of surgery (if pt. is well reacted from anesthesia)</p> <p>When in bed, keep folded pillow under ankle &amp; instruct patient to flex knee 5-10 degrees and extend knee using quad. Help with passive extension.</p> <p>13. Nurses: Ambulate pt. with walker as frequently as tolerated.</p> <p>Remove large ace wrap and dressing the morning after surgery.</p> <p>Wash wound with betadine soap, swab with betadine solution &amp; dress with 4x4s &amp; 6" ace wrap.</p> <p>Patient may sit with feet on floor for 30 minutes TID for meals.</p> <p>Encourage knee flexion.</p> <p>Physician Signature: _____ Date/Time: _____</p>	

▼ Patient Label ▼



POST OP REPECCI ORDERS