BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED Date	ORDERED Time	POST-OPERATIVE ORDERS FOR: Mark Burtman, MD	TIME ORDER NOTED
		Check Appropriate Boxes:	
		1. Admit to floor	
		2. Primary Diagnosis:	
		3. Condition:	
		4. Vital Signs every 4 hours – notify MD for abnormal signs	
		5. Diet:	
		6. Activity: Ambulate in room today or/and up in chair today	
		7. Foley to gravity	
		8. D/C vaginal packing in AM	
		9. D/C Foley in AM – notify MD if patient unable to void in 4 hours	
		10. IV Lactated Ringers 125 ml/hour – INT when tolerating PO well	
		11. **Meds:** ☐ Meperidine (Demerol) 75-100 mg with Promethazine (Phenergan) 25 mg IV every 4 hours PRN severe pain	
		☐ Oxycodone 5 mg / acetaminophen 325 mg (Percocet-5) 1 or 2 tablets PO every four 4 hours PRN pain	
		☐ Ketorolac (Toradol) 30 mg IV every 6 hours **OR**	
		☐ Ibuprofen 600 mg every 6 hours	
		12. **DVT Prophylaxis:** SCDs post-op	
		Physician Signature: Date: Time:	

▼ Patient Label ▼

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POST OPERATIVE ORDERS
DR. MARK BURTMAN

Form # 18-214.190 (04/08)

Original – Chart / Canary – Pharmacy