



ORDERED		ORTHOPAEDIC SURGERY POST OP ORDERS	TIME ORDER NOTED
DATE	TIME		
		<i>Check appropriate boxes.</i>	
		S/P: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> THA <input type="checkbox"/> TKA	
		To Recovery Room, then 4th Floor when stable.	
		Consult: <input type="checkbox"/> Hospitalist <input type="checkbox"/> Condition: _____ Other: _____	
		X-Ray: in PACU <input type="checkbox"/> A/P /Lat Knee <input type="checkbox"/> AP Pelvis and AP Hip	
		Vital Signs and neurochecks every 15 min until stable, then every 4 hours and as needed	
		I & O every 8 hours x 48 hours.	
		Diet: Advance to Preop Diet as tolerated.	
		Turn, cough & deep breathe hourly x 6, then every 2 hours x 6, then as needed	
		Incentive spirometry every 1 hour while awake	
		D/C foley at 7am on POD # _____. Bladder scan if unable to void. If > 200cc, straight cath PRN	
		Labs: <input type="checkbox"/> HCT in PACU, then every am at 0400 x 3	
		<input type="checkbox"/> If on Coumadin, INR every am. <input type="checkbox"/> If on Lovenox or heparin, platelet count every am	
		IV Fluids: <input type="checkbox"/> L/R @75cc/hr. <input type="checkbox"/> Other: _____	
		DVT Prophylaxis: <input type="checkbox"/> SCDs to legs in PACU PLUS Teds PLUS	
		<input type="checkbox"/> Warfarin (Coumadin) <input type="checkbox"/> 2.5 mg <input type="checkbox"/> 5.0 mg <input type="checkbox"/> Other dose: _____ PO every HS	
		For Coumadin, Hold if INR > 3.0	
		<input type="checkbox"/> Enoxaparin (Lovenox) 30 mg SQ every 12 hours.	
		<input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SQ every day	
		Meds: <input type="checkbox"/> Cefazolin (Ancef) 1 gm IVPB every 8 hours x 3 post-op doses	
		<input type="checkbox"/> Vancomycin 1 gm IV PB every 12 hours x 1 post op dose	
		If post-op antibiotics continued past 24 hours from incision, Please document	
		Type of post-op infection: _____	
		<input type="checkbox"/> PCA: Morphine _____ mg every _____ min with _____ hr max - _____ mg	
		<input type="checkbox"/> PCA: Morphine - Pharmacy to dose	
		<input type="checkbox"/> TB skin test	
		PRN Meds: <input type="checkbox"/> Acetamenophen (Tylenol) 325 mg 1-2 every 4 hours PO PRN mild pain or temp > 101 F	
		<input type="checkbox"/> Propoxyhene Napsylate 100mg/acetaminophen 650 mg (Darvocet N) 1-2 PO every 4 hours for moderate pain; may increase to 2 tabs as needed	
		<input type="checkbox"/> Hydrocodone 7.5mg/acetaminophen 500 mg (Lortab) PO PRN severe pain every 4 hours	
		<input type="checkbox"/> Ondansetron (Zofran) 4 mg IV every 4 hours PRN nausea/vomiting	
		<input type="checkbox"/> Bisacodyl (Dulcolax) suppository if no BM for POD #3	
		Eggcrate mattress/Abductor pillow	
		POD #1 Up in chair three times daily Per Nurses	
		Physical Therapy Orders:	
		POD #1 Quad Sets, SLR, Ankle Pumps	
		POD # _____ CPM 0-30, Advance 5-10 twice daily or faster if tolerated.	
		<input type="checkbox"/> Routine TKA Protocol <input type="checkbox"/> Teach Hip Precautions (Teach adduction & flexion precautions)	
		<input type="checkbox"/> Toe Touch Weight Bearing <input type="checkbox"/> Partial Weight Bearing <input type="checkbox"/> Non-weight bearing	
		<input type="checkbox"/> Weight Bearing as tolerated <input type="checkbox"/> Other: _____	
		Physician Signature: _____	
		Date/Time: _____	

▼ Patient Label ▼



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