



ORDERED		ORTHOPAEDIC SURGERY POST OP ORDERS	TIME
DATE	TIME		ORDER NOTED
		<i>Check appropriate boxes.</i>	
		S/P: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> THA <input type="checkbox"/> TKA <input type="checkbox"/> Other:	
		To Recovery Room, then 4th Floor when stable.	
		Admit to Dr. _____	
		<input type="checkbox"/> Inpatient <input type="checkbox"/> Observation <input type="checkbox"/> Telemetry	
		Diagnosis:	
		<b>Consult:</b> <input type="checkbox"/> Hospitalist : reason _____	
		<input type="checkbox"/> I have called Dr. _____, add to his/her list.	
		<b>DIET:</b> <input type="checkbox"/> Advance to preop diet as tolerated <input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Other:	
		<b>NURSING ORDERS:</b>	
		Activity: <input type="checkbox"/> Up with assistance <input type="checkbox"/> Bedrest <input type="checkbox"/> Ambulate ___ times daily	
		<input type="checkbox"/> Day of Surgery--Up in chair	
		<input type="checkbox"/> POD 1--Up in chair tid	
		Vital Signs: Routine postop (every 15 min X 4, then every hour X4, then every 4 hours)	
		<input type="checkbox"/> Abductor pillow	
		<input type="checkbox"/> Daily Weights (no bed scale if able to stand)	
		<input type="checkbox"/> Intake and Output <input type="checkbox"/> Strict I&O	
		<input type="checkbox"/> Neurovascular checks with vital signs	
		<input type="checkbox"/> Notify for new onset of temp > 100.6	
		<input type="checkbox"/> Turn, Cough, and Deep Breathe every two hours X 24 hours	
		<input type="checkbox"/> Incentive Spirometry every hour while awake X 24 hours	
		<input type="checkbox"/> If no void X 8 hours or patient complaint of discomfort, perform bladder scan. If > 400 cc, may straight cath. May straight cath for urinary retention X 2. If urinary retention persists, notify physician	
		D/C foley at 7am on POD # <input type="checkbox"/> 1 <input type="checkbox"/> 2 If not D/C within 48 hours, why?	
		Dressing changes: _____	
		<b>ANCILLARY ORDERS:</b>	
		X-Ray: <input type="checkbox"/> in PACU <input type="checkbox"/> A/P /Lat Knee <input type="checkbox"/> AP Pelvis and AP Hip	
		Labs: <input type="checkbox"/> HCT in PACU, then every am x 3 <input type="checkbox"/> Daily INR (If on Warfarin)	
		<input type="checkbox"/> Daily platelet count (If on Enoxaparin or Heparin)	
		<b>Physical Therapy Orders:</b>	
		<input type="checkbox"/> Ambulate starting POD 1	
		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 abduction & 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: _____	

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		<b>MEDICATIONS:</b>	
		<b>TB Skin Test: administer and read</b>	
		<input type="checkbox"/> IV LR at 75cc/hr <input type="checkbox"/> INT <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Continue home maintenance beta-blocker therapy:	
		Drug/Dose: _____ (Hold for HR < 50 or SBP < 100).	
		<input type="checkbox"/> For NPO patients: metoprolol 5 mg IV q 4 hours prn HR > 60	
		switch to oral when able overlapping first dose with IV dose, hold for SBP < 100	
		<b>PCA:</b>	
		<input type="checkbox"/> Morphine (preferred) 1mg/ml: patient administered dose ____ mg (range 1-5mg) every ____ min (range 6-10); 4 hour limit _____ mg (max 100mg).	
		<input type="checkbox"/> Meperidine 10 mg/ml: patient administered dose ____ mg (range 10-20 mg) every ____ min (range 6-10); 4 hour limit _____ mg (max 300 mg).	
		Upon starting PCA therapy, monitor pain scale, respiratory rate, and sedation level every 30 minutes X 4, then every 1 hour X 4, then every 4 hours and record in the Pain section on the Patient Care Flowsheet.	
		<b>DVT Prophylaxis:</b>	
		<b>Mechanical Prophylaxis</b> (place in PACU)	
		<input type="checkbox"/> SCD's	
		<input type="checkbox"/> AV impulses (only for elective TKA/THA or hip fracture with reason for not administering pharmacological prophylaxis)	
		<b>Pharmacologic Prophylaxis</b>	
		<input type="checkbox"/> Warfarin (Coumadin) _____ po every day at 1700 (start day of surgery). Hold if INR > 3	
		<input type="checkbox"/> Enoxaparin (Lovenox) 30 mg SQ every 12 hours. (for knee & hip replacement) Start in AM	
		<input type="checkbox"/> Enoxaparin (Lovenox) 40 mg SQ daily. Start in AM	
		<input type="checkbox"/> Enoxaparin RENAL DOSING: CrCl < 30: 30 mg SQ every day. Start in AM	
		<input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SQ every day (contraindicated for pts. <50 kg or CrCl <30) Start in AM	
		<input type="checkbox"/> Contraindicated because of coagulopathy, platelet dysfunction, or evidence of bleeding.	
		<input type="checkbox"/> Other contraindications---please list: _____	
		<b>Antibiotics:</b>	
		<input type="checkbox"/> If patient <80 kg: Cefazolin (Ancef) 1 gm IVPB every 8 hours x 2 post-op doses	
		<input type="checkbox"/> If patient >80 kg: Cefazolin (Ancef) 2 gm IVPB every 8 hours x 2 post-op doses	
		<input type="checkbox"/> Vancomycin 1 gm IV every 12 hours x 1 post op dose	
		<b>Allergy to Beta Lactam:</b>	
		<input type="checkbox"/> Clindamycin 600mg IV every 8 hours X 3 postop doses.	
		<input type="checkbox"/> Vancomycin 1 gm IV every 12 hours X 1 postop dose.	
		<input type="checkbox"/> If post-op antibiotic continued past 24 hours from incision please document type of post-op infection suspected _____	
		<input type="checkbox"/> Consult Pharmacy for vancomycin dosing (if continued past 24 hours post-op)	
		Physician Signature: _____ Date/Time: _____	

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		<b>PRN Medications</b>	
		<input type="checkbox"/> Ondansetron (Zofran) 4 mg IV every 4 hours as needed for nausea.	
		<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg po every 4 hours as needed for temp. >101.	
		<input type="checkbox"/> Bisacodyl (Dulcolax) suppository rectally as needed for constipation or if no BM by day 3.	
		<input type="checkbox"/> Pain:	
		<input type="checkbox"/> Hydrocodone 5 mg with acetaminophen 325 mg (Lortab 5mg) one tablet po every 4 hours as needed for mild pain.	
		<input type="checkbox"/> Hydrocodone 7.5 mg with acetaminophen 325 mg (Lortab 7.5mg) one tablet po every 4 hours as needed for moderate pain.	
		<input type="checkbox"/> Hydrocodone 7.5 mg with acetaminophen 325 mg (Lortab 7.5mg) two tablets po every 4 hours as needed for severe pain.	
		*Lipbalm (Blistex) to lips prn for dryness or irritation *Vasolex cream to buttocks prn for dryness	
		*Benzocaine/Phenol (Chloraseptic) Spray prn for sore throat *Artificial Tears prn for dryness	
		Other Orders _____	

Secondary diagnosis/ problems (this information can affect the patient's severity level)	Indicate whether the condition was present on the patient's arrival at the hospital
1. Pressure Ulcer <span style="float: right;">Yes No</span>	If yes, document site(s): _____ _____ _____
2. Foley catheter related UTI <span style="float: right;">Yes No</span>	
3. Central Venous catheter associated infection <span style="float: right;">Yes No</span>	
4. Poor glycemic control <span style="float: right;">Yes No</span>	
a. uncontrolled on admission <span style="float: right;">Yes No</span> b. admitted with DKA, coma or hyperosmolarity <span style="float: right;">Yes No</span>	

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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