



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Dr. Dueland & Dr. Gomez - ACL Reconstruction Post Op Order Set

☐ Place in Observation Services ☐ Outpatient

Admit: PACU then 5-EAST ☐ Dr. Dueland ☐ Dr. Gomez
CPM -5 degrees to 90 degrees to begin in PACU, 4 hours on and 4 hours off with 6 second pause.
AP & Lateral of affected knee in PACU.

Dx: S/P ☐ Left OR ☐ Right ACL reconstruction and stable

Allergies:

Activity:

- Bag of crushed ice every 2 hours x 48 hours to affected knee.
- Continue CPM - 5 degrees, - 90 degrees to begin in PACU, 4 hours on and 4 hours off 6 sec pause.
- PT consult in am.
- Recon brace locked in extension for ambulation; drop lock to 90 degrees for sitting.
- Crutches or walker as indicated for ambulation.

Nursing:

- Begin Incentive Spirometry Protocol and OSA screening and/or protocol as applicable. Notify respiratory therapy.
- Turn, cough, and deep breath q 2 hours x 48 hours while awake.
- Hemovac drain to self-suction; empty and record drainage every 8 hours.
- DC drain at 0600 POD 1.
- Change dressings on affected knee on POD 1 at noon. Redress with ABD pads, thigh high TED and recon brace.
- DC epidural at noon.
- Pillow under heel of affected extremity while in bed and out of CPM.
- DC foley at 0600 POD 1.

IVF:

- LR at 100 cc/hr.
- Change IV to saline lock with good Po intake.
- Straight cath every 8 hours PRN urinary retention.

Diet : Regular

Meds:

- Ancef one gram IV on arrival to PACU then every 8 hours x 2.
- Zofran 4 mg IV every 6 hours PRN nausea; if IV discontinued, Zofran 8 mg Po every 6 hours PRN nausea.
- Epidural as per Anesthesia.
- Milk of Magnesia 30 ml Po every 8 hours PRN constipation.

Available Meds After PCA/Epidural Discontinued OR NO PCA/Epidural

Mild Pain (scale 1-3)

- ☐ Toradol 15 mg IV q 6 hr x 48 hours, 1st dose at _____ (in PACU) if creatinine is < 1.5
- ☐ Acetaminophen 650 mg Po q 6 hours x 48 hours, 1st dose at _____ (in PACU)

Moderate Pain (scale 4-7)

- ☐ Norco 7.5 mg Po q 3 hours PRN
- ☐ Morphine 4 mg IV q 3 hours PRN

Severe Pain (scale 8-10)

- ☐ Dilaudid 1 mg IV q 4 hours PRN

• **If allergy exists to any above listed medications, call physician for additional orders.**

MD Signature: _____ **Date & Time:** _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4