



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. Fuller - Admission Order Set

(page 1 of 2)

Admit to: ☐ 5 East ☐ CCU

Admission type: ☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

Diagnosis: _____

Consent: _____

Condition: ☐ Stable ☐ Guarded ☐ Critical

Allergies: _____

Vital Signs: ☐ q 4 hours ☐ q 4 hours (while awake) ☐ Routine

Diet: ☐ NPO after _____ ☐ Regular ☐ Consistent Carb ☐ Cardiac

IV: ☐ D5 ½ NS @ _____ cc/hr ☐ LR @ _____ cc/hr
☐ D5 NS @ _____ cc/hr ☐ Saline Lock

Activity: ☐ Bed Rest ☐ Bed Rest with BRP ☐ Up ad lib ☐ OOB for meals

Nursing: • Begin Incentive Spirometry Protocol, notify Respiratory Therapy

• Turn, cough, deep breath q 2 hours x 48 hours while awake

☐ Neuro checks: ☐ q 2 hours ☐ q 4 hours

☐ Ice pack to affected area q 2 hours on/2 hours off

☐ Elevate affected extremity above the level of the heart

☐ Ace wrap to affected area: ☐ 2 inch ☐ 3 inch ☐ 4 inch ☐ 6 inch

☐ Routine cast care

☐ Bilateral intermittent compression device

☐ TED hose: ☐ Knee high ☐ Thigh high

☐ Decubitus precautions

☐ Empty and record drain output q 8 hours

☐ Foley catheter

☐ Straight cath PRN urinary retention

☐ DC foley catheter: ☐ POD 1 ☐ POD 2

Physical Therapy: ☐ Right UE ☐ Left UE ☐ Right LE ☐ Left LE

☐ No use

☐ Passive ROM only

☐ Toe touch only

☐ Partial WBAT

☐ Full WBAT

☐ Other: _____

☐ Ambulation/Gait Training

☐ Strengthening

☐ Sling to affected extremity

☐ Sling and swathe to affected extremity

☐ Shoulder immobilizer: ☐ Full time except for Physical Therapy ☐ Do Not Remove

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

Revised and approved by JC Committee and P&T: 05/20/2021 Page 1 of 2



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(page 2 of 2)

Physical Therapy: ☐ Recon Brace affected extremity:

(continued)

- ☐ Full time except for Physical Therapy
- ☐ Do Not Remove
- ☐ Lock for ambulation
- ☐ Drop lock to _____ degrees for sitting
- ☐ CPM 4 hours on/4 hours off ROM: _____
- ☐ Daily whirlpool with dressing changes
- ☐ Buck's tx 5#

Meds:

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.**

- ☐ Zofran 8 mg Po q 6-8 hours PRN nausea if no IV
- ☐ Zofran 4 mg IV q 6 hours PRN nausea
- ☐ Antibiotics: _____

- ☐ Home Medications: _____

- Labs:** ☐ CBC with manual Diff ☐ BMP ☐ CMP
☐ Sedimentation Rate ☐ CRP ☐ UA
☐ Blood Culture x 2 (collect prior to antibiotics)
☐ Wound Culture: _____ (collect prior to antibiotics)
☐ Other: _____

- Xrays:** ☐ CXR
☐ Plain film: _____
☐ CT Scan: _____ R/O: _____
☐ MRI: _____ R/O: _____
☐ Tagged White Cell Study
☐ Limited bone scan: ☐ Lower Extremities ☐ Upper Extremities R/O: _____
☐ Post-void Total Body Bone Scan R/O: _____

- Consults:** ☐ Hospitalist Service for medical management/surgical clearance
☐ Primary MD: _____ medical management/surgical clearance
☐ Case Management for discharge planning
☐ Physical Therapy
☐ Dietitian for nutrition

May use Standing Orders

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

Cullman Regional

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Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4