PHYSICIAN'S ORDERS

CULLMAN REGIONAL

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

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

Dr. Bergquist & Dr. Hirsbrunner Admission Order Set

Admit to: ❑ 5 East ❑ CCU

Admission type: ❑ Admit Inpatient ❑ 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, and OSA screening and/or Protocol as applicable. 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 PT ❑ Do Not Remove
❑ Recon Brace affected extremity:
- ❑ Full time except for PT
- ❑ Do Not Remove
- ❑ Lock for ambulation
- ❑ Drop lock to _____ degrees for sitting

MD Signature: _____Date & Time_____

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Physical Therapy: (continued)
- ❑ 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
- ❑ 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: _____

X-rays:
- ❑ 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 ❑ PT ❑ Dietitian for nutrition

May use Standing Orders.

MD Signature: _____Date & Time_____