



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 - Anterior Cervical Fusion Post Op Floor Admit Order Set

☐ Admit Inpatient ☐ Place in Observation Services

1. Admit to Dr. _____
2. Vital signs every 15 minutes x 4, q 30 minutes x 2, q 1 hour x 6, q 2 hours x 8. Notify MD of significant changes.
3. Neurovascular checks on arrival from PACU every 15 minutes x 4, q 30 minutes x 2, q 1 hour x 6, q 2 hours x 8. Notify Physician of significant changes.
4. Temperature every 4 hours, notify physician of temperature > 102F.
5. Begin Incentive Spirometry Protocol, notify Respiratory Therapy
6. Turn, cough, deep breath q 2 hours x 48 hours while awake
7. D5 ½ NS at 50 cc per hour. If diabetic, NS at 50 cc per hour. Place on intermittent infusion lock if taking fluids well.
8. I&O every 8 hours x 24 hours. Encourage fluids.
9. If unable to void in 8 hours, insert foley catheter. If > 300 cc collected, leave foley in place.
10. Continue routine home diet. If difficulty chewing, swallowing, or nausea/vomiting, begin clear liquids and progress to routine home diet as tolerated.
11. Check dressings q 4 hours, reinforce if indicated.
12. Up to bathroom with assistance when fully awake. May stand to void with assistance.
13. Ancef 1 gram IV q 8 hours x 3 doses unless allergic.
14. Zofran 4 mg IV q 6 hours PRN nausea & vomiting (try first)
Phenergan 25 mg IM q 4 hours PRN nausea & vomiting if not relieved by Zofran
15. Trazadone 50 mg Po hs PRN for sleeplessness.
16. Cepastat throat lozenges q 2 hours PRN for sore throat.
17. **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.**
19. Roboxin 750 mg 1-2 tab Po q 6 hours PRN spasms

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