



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. Seidel - Breast Reconstruction and Tissue Expanders Order Set

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

1. Admit to Dr. Seidel / Plastic surgery; Dr. _____, General Surgery

2. Dx S/P: ☐ Left mastectomy and tissue expander ☐ Left axillary dissection
☐ Right mastectomy and tissue expander ☐ Right axillary dissection
☐ Bilateral mastectomy and tissue expanders

3. Activity: B/R with BRP; HOB elevated 30°

4. Diet: ☐ Clear liquid and then advance to regular as tolerated
☐ Clear liquid and then advance to 1800 cal consistent carbohydrate as tolerated

5. Record I&O

6. Allergies:

7. Begin Incentive Spirometry Protocol, notify Respiratory Therapy

8. Turn, cough, and deep breath q 2 hours x 48 hours while awake

9. SCD hose

10. JP drains to bulb suction

11. Meds: ☐ Tylenol 325 mg 2 tab Po q 4 hr PRN mild pain (scale 1-3)
☐ Norco 5 mg 1 tab Po q 4 hr PRN moderate pain (scale 4-7)
☐ Percocet 5 mg 1 tab Po q 4 hr PRN moderate pain (scale 4-7) if not relieved by Norco
☐ Demerol 50 mg IV q 4 hr PRN severe pain (scale 8-10)
☐ Zofran 4 mg IV q ☐ 4 hours ☐ 6 hours PRN nausea
☐ Phenergan 25 mg IV q 6 hours PRN nausea not relieved by Zofran
☐ Kefzol 1 gm IV q 8 hours x 3 doses
☐ Other medications: _____

12. IV fluids: ☐ D5½ NS ☐ ½ NS ☐ D5 LR @ _____ cc/hr

13. Labs in am: ☐ CBC with auto Diff ☐ CBC with no Diff ☐ CMP ☐ K+
☐ Other: _____

14. Consult "Reach to Recovery"

15. If patient had axillary dissection, post sign: "No IVs, BPs, or needle sticks in ☐ left arm ☐ right arm."

16. Other 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