



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. ☐

Dueland & Gomez – Post Op Order Set

Admission type: ☐ Admit Inpatient ☐ Outpatient

Diagnosis: _____

Allergies: _____

Vital Signs: ☐ q 4 hours ☐ Routine

Diet: ☐ Regular ☐ Consistent Carb ☐ Cardiac ☐ Other _____

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

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

Nursing: ☐ 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
☐ Bilateral intermittent compression device
☐ TED hose: ☐ Knee high ☐ Thigh high
☐ Decubitus precautions
☐ Begin Incentive Spirometry Protocol, notify Respiratory Therapy
☐ Turn, cough, deep breath q 2 hours x 48 hours while awake
☐ Foley catheter DC Foley 0900 ☐ POD1 ☐ POD2
☐ Straight cath PRN urinary retention

☐ Cardiac Monitor
☐ Pattern Blood Glucose as per Medicine Consult
☐ Drain: Empty and record output q 8 hours
DC: _____
☐ Dressing Change: _____

Physical Therapy: _____

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
☐ Ancef 1 gm IV Piggyback q 8 hours x 3; 1st dose at: _____
☐ Vancomycin 1 gm IV Piggyback x 1 at: _____
☐ Home Medications (see list): _____
☐ Other Meds: _____

Labs: ☐ Hct & Hgb, BMP q am x _____ ☐ PT/INR q am x _____ ☐ CBC no Diff ☐ CBC with auto Diff ☐ CBC with manual Diff

X-rays: ☐ xray affected limb in recovery room

Consults: ☐ Hospitalist Service for medical management

☐ Primary MD: _____ medical management

☐ Case Management for discharge planning ☐ PT ☐ Dietitian for nutrition ☐ Other

☐ Use Standing Orders.

D/C Planning: _____ F/U Appointment: _____

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