



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. Gould - Mako Total Joint Home Discharge Order Set

1. Discharge home
2. PT Eval and assist with ambulation prior to discharge. WBAT. No ROM exercises.
3. Thigh high TED hose to bilateral lower extremities. Keep in place until follow up appointment.
4. Add 6" ACE over TED on total knee arthroplasties.
5. Keep surgical incision dry. No creams, lotions, or ointments.
6. May change dressing at home with Aquacell in 7 days to be performed by home health. Hospital to provide Aquacell dressing for home use.
7. May reinforce dressing with gauze or ABD pad daily.
8. Pillow under heel of affected extremity while in bed.
9. Ice pack to affected joint for 30 minutes every 3-4 hours.
10. May take shower on POD # 7.
11. Diet: Resume Home Diet
12. Reasons to notify Physician/Home Health:
 - Elevated temp greater than 101.5 degrees
 - Change in skin color or odor
 - Pain unrelieved by medication
 - Redness or swelling
 - Nausea/vomiting
 - Difficulty breathing
 - Unable to urinate 6 hours after discharge
13. Home activities:
 - No heavy lifting
 - Do not take tub baths
 - No driving until MD approves
14. Rx: Prescription(s) on chart or called to Pharmacy.
15. Follow-up appointment in 2 weeks; please schedule before discharge.
16. Refer to post-operative instructions provided in office.

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

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4