



PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSPITAL NO:
PHYSICIAN:

Authorization is hereby given to dispense the Generic or Chemical equivalent unless otherwise indicated by the words: **"NO SUBSTITUTE"**

Dr. Kravetz - Routine Cervical & Lumbar Spine Post Op Order Set [Laminectomy/Posterior Lumbar Interbody Fusion (PLIF)/ Anterior Cervical Discectomy Fusion (ACDF)]

Principal Diagnosis:

Secondary Diagnosis:

Drug Allergies:

- ☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient
• To Recovery Room, then to Outpatient Surgery/Medical Surgical

Post op Treatments:

- Vital signs: Routine PACU, then q 2 hours x 3, then q 4 hours
- ☐ Activity: _____
- ☐ Head of bed: _____
- ☐ Bathroom privileges: _____
- If Foley catheter is present upon arrival to floor, please discontinue immediately.
- Full liquids and progress diet as tolerated to (Regular/Consistent Carbohydrate/Mechanical Soft)
- Begin Incentive Spirometry Protocol, and OSA Screening and/or protocol, as applicable. Notify Respiratory Therapy
- Turn, cough, and deep breath q 2 hours x 48 hours while awake
- ☐ Anti-embolic pumps to bilateral lower extremities
- ☐ Ice pack to affected area: _____

Medications and Treatments:

- IV Normal Saline 1000 ml @ 80 ml/hr until tolerating Po fluids
- ☐ Pepcid 20 mg IV push or Po (if tolerating Po fluids) q 12 hours
- ☐ Reglan 10 mg IV push (inject slowly over 2 minutes) or Po (if tolerating Po fluids) q 6 hours x 24 hours

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.**
- DO NOT exceed more than 4 grams of Acetaminophen in any 24 hour period. Consider all sources (Norco and Tylenol)
- Benadryl 50 mg IV or Po (if tolerating Po fluids) q 4 hours PRN itching
- Phenergan 25 mg Po (if tolerating Po fluids) q 6 hours PRN nausea/vomiting

Continue to page 2...

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

Revised and approved by JC Committee and P&T: 05/20/2021 Page 1 of 2



CULLMAN
REGIONAL

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Medications and Treatments (continued):

- ☐ Kefzol 1 gram IV q 8 hours x 24 hours
- ☐ Levaquin 500 mg IV q day x 24 hours
- Dulcolax supp PRN to ensure BM q 48 hours, may use Bisacodyl suppository or fleets enema
- ☐ Zofran 4 mg IV q 6 hours PRN nausea/vomiting
- ☐ Flexeril 10 mg 1/2 to 1 tab Po q 8 hours PRN for spasms
- ☐ O2 protocol – initiate weaning protocol
- ☐ Saline lock IV fluids POD #1 / POD #2 by 0700
- ☐ Physical Therapy: ambulate POD #0 / POD #1 starting in am twice a day
- Elevated commode seat PRN spine only
- In am: ☐ Hgb & Hct ☐ BMP ☐ CBC with Diff ☐ CBC with auto Diff ☐ CBC with manual Diff
- Remove TED hose once a shift and PRN if removal requested by patient
- ☐ Maalox 30 cc Po q 4 hours PRN dyspepsia.
- ☐ Chloraseptic 1 spray q 1 hour PRN throat pain.
- ☐ _____
- ☐ _____
- ☐ _____

• = Automatic ☐ = MD Discretion

MD Signature: _____ Date/Time: _____

Nurse's Signature: _____ Date/Time: _____

Unit Secretary's Signature: _____ Date/Time: _____

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