



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. Miller Carotid Post Op Order Set

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

1. Routine Recovery Room Care / CCU post op

2. Neuro vital signs and vital signs q 15 min x 4, then q 1 hr. Advance to q 4 hr when stable.

3. I&O every _____ hours

4. Daily weight

5. Diet: Clear Liquid Diet when awake, advance as tolerated. _____ cal ADA diet for diabetic patients.

6. IV: _____; DC when tolerating regular diet

7. NG to low intermittent suction, flush both ports with air every 4 hours

8. Monitor arterial line while vasoactive drugs are infusing

9. DC arterial line when patient is stable and vasoactive drugs are turned off

10. Drains: Change and record neck drain output q 1 hr and PRN. May DC neck drain when ordered.

11. ☐ Foley to gravity ☐ DC Foley catheter @ _____ hours

12. ☐ Bed rest; HOB 45 degree angle. OOB to chair this evening, progress to OOB with assistance.

13. Notify MD: Temp > 101.5, MAP > 100 mmHg or < 60 mmHg, Pulse > 120 or < 60, acute wound/neuro changes

14. Begin Incentive Spirometry Protocol, and OSA screening and/or protocol as applicable. Notify Respiratory Therapy.

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

16. May take shower with Tegaderm on wound every day

17. ☐ Labs now ☐ in am ☐ Hgb & Hct ☐ Platelets ☐ BMP
☐ CBC no Diff ☐ CBC with auto Diff ☐ CBC with manual Diff
☐ CMP ☐ PT/PTT ☐ Other _____

18. Cardiac Monitor

19. Advance O2 to via NC and then taper to maintain SaO2 > 93%

20. Continuous pulse oximetry while on supplemental O2. May DC when O2 Sat > 93% on room air.

21. For diabetic patients, initiate Adult Sliding Scale Order Set and q 6 hour finger stick blood glucose

22. Meds:

- ☐ See medication reconciliation report
- ☐ See home medication form
- ☐ Zofran 4 mg IV every 8 hours PRN nausea/vomiting
- ☐ Phenergan 12.5 mg IV every 4 hours PRN nausea/vomiting unrelieved by Zofran
- ☐ Neo-Synephrine 10 mg/NS 500 ml per protocol
- ☐ Nicardipine per protocol titrate to keep SBP < 160
- ☐ Nitroglycerin 50 mg/NS 250 ml per protocol

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.

23. Case Management consult for discharge planning.

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