

PHYSICIAN'S ORDERS



**CULLMAN
REGIONAL**

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Fracture Hip Admission Order Set

Admit Inpatient

1. Admit to Dr. _____ ☐ CCU ☐ Floor

2. Consult: _____. Notify consulting physician when patient reaches floor or in am

3. Diagnosis: ☐ Left ☐ Right Hip Fracture: ☐ Subcapital ☐ Intertrochanteric ☐ Subtrochanteric

4. Diet: ☐ Regular ☐ NAS ☐ Soft ☐ Full Liquid ☐ Clear Liquid ☐ 1800 Calorie ADA
☐ NPO after 2200 (includes ALL tube feedings)

5. Vital signs q 4 hours

6. Prior to leaving ER: CBC with manual Diff, Prothrombin Time, CMP, Type & Screen, Urinalysis with microscopy, CXR, EKG

7. Oximetry - check and record

8. IVF: ☐ D5 ½ NS ☐ NS ☐ ½ NS ☐ LR ☐ Other _____ @ _____ cc/hr
☐ 50 cc/hr ☐ 75 cc/hr ☐ 100 cc/hr ☐ 125 cc/hr

9. ☐ Insert Foley catheter in ER

10. Bed rest

11. Overhead frame & trapeze ☐ Buck's traction 5 lbs to affected extremity

12. Bilateral Sequential Compression devices

13.

Available Meds After PCA/Epidural Discontinued OR NO PCA/Epidural

Mild Pain (scale 1-3)

- ☐ Acetaminophen 650 mg Po q 6 hours
- ☐ Toradol 15 mg IV q 6 hr if creatinine is < 1.5

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.**

14. Zofran 4 mg IV q 4 hours PRN nausea

15. Ancef 1 gm IV to accompany patient to surgery

16. Consult Case Management for discharge planning

17. May use Standing Orders

18. Consent:

Physician Signature: _____ **Date & Time:** _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4