

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. ☐

Dr. Seidel – Post Op Order Set

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

1. Admit to Dr. Seidel / Plastic surgery

2. Activity: ☐ B/R ☐ B/R with BRP ☐ Up in chair ☐ Ambulate

3. Diet: ☐ NPO ☐ Clear Liquid ☐ Regular ☐ 1800 Cal Consistent Carbohydrate

4. Record I&O

5. Allergies:

6. Begin Incentive Spirometry Protocol, notify Respiratory Therapy

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

8. SCD hose bilateral

9. Meds: ☐ Tylenol 325 mg 2 tab Po q 4 hr PRN mild pain (scale 1-3)
☐ Norco 5 mg 1 tab Po q 4 hr PRN moderate pain (scale 4-7)
☐ Percocet 5 mg 1 tab Po q 4 hr PRN moderate pain (scale 4-7) if not relieved by Norco
☐ Demerol 50 mg IV q 4 hr PRN severe pain (scale 8-10)
☐ Zofran 4 mg IV q ☐ 4 hours ☐ 6 hours PRN nausea
☐ Phenergan 25 mg IV q 6 hours PRN nausea not relieved by Zofran
☐ Kefzol 1 gm IV every 8 hours

Other medications: _____

10. IV fluids: ☐ D5½ NS ☐ ½ NS ☐ D5 LR @ _____ cc/hr.

11. Labs in am: ☐ CBC with auto Diff ☐ CMP ☐ K+

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