



Name Label

Dr. Fuller - Hand/Arthroscopy/Fractures Post Op Order Set

Drug Allergies:

☐ Admit Inpatient to _____
☐ Place in Observation Services ☐ Outpatient

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

- ☐ 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)

- ☐ Norco 7.5 mg Po q 3 hours PRN
- ☐ Morphine 4 mg IV q 3 hours PRN

☐ Dilaudid 1 mg IV q 4 hours PRN

- If allergy exists to any above listed medications, call physician for additional orders.

☐ Zofran 4 mg IV push q 6 hours PRN nausea/vomiting.

☐ Benadryl 50 mg IV- Po q 6 hours PRN itching

- Clear/Full Liquids, advance to regular as tolerated

- Vital signs on arrival to room, q 1 hour x 2, then q 4 hours. Notify MD of significant changes.

- Neuro and vascular checks to affected extremity q 15 minutes x 3, then q 1 hour.

- ☐ Crutch/walker walking for lower extremity fractures
- ☐ Consult Physical Therapy
- ☐ TDWB – Touch down weight bearing (Right -- Left)
- ☐ NWB – Non-weight bearing (Right -- Left)
- ☐ WBAT- Weight bearing as tolerated (Right -- Left)
- ☐ Envelope sling/immobilizer for upper extremity fractures for _____ hours

IV Heplock

☐ Elevate extremity/operative area on 2 pillows/cast elevation pillow for _____ hours.

☐ Hand in stockinette for _____ hours.

☐ Ice packs to extremity/operative area for _____ hours.

- ❑ Begin Incentive Spirometry Protocol, notify Respiratory Therapy

- Turn, cough, deep breath q 2 hours x 48 hours while awake

☐ TED stockings: ____Left ____Right
Bilateral (lower extremities)

❑ Anti-embolic pumps: ____ Left
Right Bilateral (lower extremities)

Additional Orders

Discharge
Planning

☐ Discharge when outpatient meets criteria

- ❑ Keep until physician rechecks

☐ Return to office

☐ Remove dressing:_____ **OR**

☐ Leave dressing in place until next office visit.

- ❑ May use standing orders

Physician's Signature:

Date/Time:

Nurse's Signature:

Date/Time:

Unit Secretary's Signature:

Date/Time:

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4