



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. Seidel - Hand Post Op Order Set

1. Admit to Dr. Seidel / plastic surgery

2. S/P

3. Activity: Bed rest

Elevate operated extremity on pillow above heart level at all times.

Bathroom privileges

4. Condition good

5. Vital Signs: Every 4 hours x 4, then routine

6. Allergies

7. Record I&O

8. Diet: Clear liquid; advance to regular as tolerated

9. Begin Incentive Spirometry Protocol, notify Respiratory Therapy

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

11. Meds: ☐ D5 LR @ 80 cc/hr; Heplock once taking Po well
☐ 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)
☐ Phenergan 25 mg Po every ☐ 4 hours ☐ 6 hours PRN nausea
☐ Zofran 4 mg IV every ☐ 4 hours ☐ 6 hours PRN nausea not relieved by Phenergan
☐ Kefzol 1 gm IV every 8 hours X_____ for _____.
☐ Other: _____

12. Other Orders:

MD Signature: _____ **Time & Date:** _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4