PHYSICIAN'S ORDERS



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

Date &	Another brand of drug identical in form and content may be dispensed unless
Time	checked.
	Long Term Care Discharge Order Set
	Dr. Dueland and Dr. Gomez
Admit to S	Skilled Nursing Facility:
Diagnosis:	
Date of Surgery:	
Allergies:	
Diet: 🛛 Regular 🔹 Per Facility Dietitian	
Physical Therapy on Affected Extremity: 🛛 Non-weight Bearing	
	Toe Touch Only
	Weight Bearing
	Full Weight Bearing as Tolerated
Daily Physical Therapy per: D Total Hip Protocol	
	Total Knee Protocol
	Dynamic Hip Compression Screw
	Ambulation, Gait Training, Strengthening
Other :	
Thigh high TED hose both lower extremities x 2 weeks, then thigh high TED on affected lower extremity x 2	
weeks then DC.	
□ Suture □ Staple removal in □ 2 □ $2\frac{1}{2}$ □ 3 weeks post operatively.	
Apply steri-strips afterward.	
Replace dry 4x4s over incision every other day and PRN. Keep wound dry – no showers/tub baths.	
Follow-up appointment in Orthopedic Clinic with Dr. Dueland Dr. Gomez atweeks post-op.	
Call 737-5115 on arrival to facility to schedule appointment.	
Medications: Per Medication Home Med Sheet	
	Other:
MD Sigr	
Cullman Regional Medical Center Please use Ball Point Pen ONLY Physician's Orders	
DO NOT USE: U IU QD QOD MS MSO4 MgSO4	
Decision de	0/22/12 Data 1 of 1

Reviewed: 10/23/13 Page 1 of 1