



**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. ☐

### Orthopedic Post-Op Discharge Order Set

1. Discharge home
3. Keep surgical incision dry. No creams, lotions or ointments.
4. Remove bulk dressing on POD # 3 and replace with Band-Aids
5. Ice pack to affected joint for 20 minutes every 1 to 2 hours
6. May take shower on POD # 3
7. Diet: Resume Home Diet
8. Reasons to notify physician:
  - Elevated temp greater than 101.5 degrees
  - Change in skin color or odor
  - Pain unrelieved by medication
  - Redness or swelling
  - Nausea/vomiting
  - Difficulty breathing
  - Unable to urinate 6 hours after discharge
10. Rx: Prescription(s) on chart or called to Pharmacy
11. Refer to post-operative instructions.

**MD Signature:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_

**Please use Ball Point Pen ONLY**

**DO NOT USE: U IU QD QOD MS MSO4 MgSO4**