

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. ☐

Post Op Order Set - Cullman Surgical Associates, P.C. Donald R. Marecle, M.D.

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

1. Routine Recovery Room Care ☐ CCU post op

2. Vital Signs:

3. Diet: ☐ NPO (includes ALL tube feedings) ☐ Regular ☐ Full Liquid ☐ Clear Liquid

4. IV fluids: ☐ D5½ NS ☐ ½ NS ☐ with 20 mEq KCL/L @ _____ cc/hr

5. Activity: ☐ Ambulate ad lib ☐ Up in chair ☐ Bed rest

6. NG tube to low intermittent suction.

7. Foley to gravity drainage.

8. Record drainage to all drains every shift.

9. Antibiotic: _____

10. Meds: ☐ Norco ☐ 5 mg ☐ 7.5 mg Po every 4 hours PRN pain

☐ PCA pump per Anesthesia

☐ Dilaudid 2 mg IV every 4 hours PRN pain

☐ Zofran 4 mg slow IV push every 4 hours PRN nausea

☐ Other: _____

11. Labs in am: ☐ CBC ☐ CBC with auto Diff ☐ CBC with manual Diff
☐ Hgb and Hct ☐ K+ ☐ Glucose ☐ CMP ☐ BMP ☐ Hepatic Panel

12. Begin Incentive Spirometry Protocol, and OSA screening and/or protocol as applicable. Notify Respiratory Therapy.

13. Turn, cough, and deep breath every 2 hours x 48 hours while awake.

14. May take shower daily with Tegaderm on wound.

15. Monitor: ☐ Cardiac ☐ Radial Arterial Line ☐ Pulse Oximetry

16. Nasal Oxygen @ 2 liters/min x 24 hours. (Check O2 Sat prior to beginning oxygen)

17. SCD hose to be continued post op.

18. Pepcid 20 mg IV BID

MD Signature: _____ Date & Time: _____

Please use Ball Point Pen ONLY

Posted: 10/21/16 DO NOT USE: U IU QD QOD MS MSO4 MgSO4