



**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. Braswell - Post Operative Order Set

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

1. To _____ when vital signs stable. Dr. _____

2. Surgical Procedure: _____

3. Diet: ☐ NPO ☐ Clear Liquids ☐ Regular ☐ Special _____

4. IV fluids: _____

5. Vital signs with oral temperatures every: ☐ 4 hours ☐ 8 hours

6. Foley to _____

7. Activity: Up in chair every 8 hours and ambulate 1st post op day with assistance.

8. Medications: (fill in)

a. Antibiotic: _____

b. Pain Meds: _____

c. Acid blocker: _____

d. Pantoprazole (Protonix) 40 mg Po or IV daily

e. Post op nausea:

☐ Zofran 4 mg IV every 8 hours PRN for nausea & vomiting **or**

☐ Phenergan 25 mg per rectum every 8 hours PRN for nausea & vomiting.

f. Post op fever: Tylenol 650 mg Po every 6 hours for temperature > 101 degrees

g. Hyoscyamine 0.125 mg SL, 2 SL every 6 hours PRN for bladder spasms.

9. Treatments:

☐ Oxygen at 3 liters per nasal canula

☐ O2 Weaning Protocol ☐ Wean ☐ Don't Wean

☐ Knee length pneumatic hose to pump

• Begin Incentive Spirometry Protocol, notify Respiratory Therapy

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

☐ Fasting Blood Sugar every 6 hours for Diabetes – use moderate dose insulin sliding scale with Regular Humulin Insulin

10. Labs in am: _____

11. Notify MD for: Systolic BP < 90 or > 180
HR < 40 or > 130
RR < 10 or > 30
UOP < 250 cc per 8 hour shift

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

Reviewed: 05/17/16 **DO NOT USE:** U IU QD QOD MS MSO4 MgSO4