



**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. Sanders - Post Operative Order Set - Cullman Urology PC

☐ 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 q ☐ 4 hours    ☐ 8 hours

6. Foley to \_\_\_\_\_

7. Drains: \_\_\_\_\_

8. Activity: Up in chair q 8 hours and ambulate 1<sup>st</sup> post op day with assistance.

9. Medications: (fill in)

a. Antibiotic: \_\_\_\_\_

b. Pain Meds: \_\_\_\_\_

c. Acid blocker: \_\_\_\_\_

d. Post op nausea:

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

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

10. 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

11. Labs in am: \_\_\_\_\_

12. 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:** \_\_\_\_\_

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