



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. ☐

ENT - Post Operative Order Set

Dr. _____ ☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

Diagnosis:

Surgical Procedure:

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

IV Fluids:

Vital Signs every: ☐ 4 hours ☐ 8 hours

Allergies:

☐ Humidified Air/Oxygen ☐ Nasal Cannula ☐ Continuous Pulse Ox ☐ Full Face Mask

Activity: ☐ Up in chair every 8 hours and ambulate ☐ HOB Elevated 30 Degrees

Medications: (fill in)

Antibiotic: _____

Pain Meds: _____

Reflux: _____

Post op nausea: ☐ Zofran _____ mg IV every _____ hours PRN for nausea & vomiting

Post op fever/pain: ☐ Tylenol _____ mg Po/PR every 6 hours PRN pain/fever > 101.5°F

☐ Motrin _____ mg Po every 6 hours PRN pain/fever > 101.5°F if not relieved by Tylenol

Treatments: ☐ Teach JP Drain Care

☐ Special: _____

Labs: _____

Notify MD for: ☐ Fever > 101.5°F
☐ Bright red blood by mouth
☐ Other: _____

MD Signature: _____ Date & Time: _____