



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. ☐

**Discharge Order Set S/P All Reconstruction
Dr. Dueland**

1. Discharge home after afternoon session of PT
2. Thigh high TED to affected extremity with 6" Ace over top of TED at knee.
3. Recon brace FULL TIME to affected extremity, locked in extension to ambulate; drop lock to 90 degrees for sitting.
4. WBAT
5. Ice to affected knee 2 hours on / 2 hours off while awake x 72 hours, then PRN.
6. Keep incision dry. No lotions, creams or ointments.
7. Medications as per medication reconciliation form.
8. Follow-up appointment as scheduled.

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

Cullman Regional Medical Center Please use Ball Point Pen ONLY Physician's Orders
DO NOT USE: U IU QD QOD MS MSO4 MgSO4