



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>
	Dr. Dueland & Dr. Gomez - Post Op Order Set for Rotator Cuff Repair
	<input type="checkbox"/> Place in Observation Services <input type="checkbox"/> Outpatient
Admit:	PACU then 5 EAST <input type="checkbox"/> Dr. Dueland or <input type="checkbox"/> Dr. Gomez
Dx:	S/P <input type="checkbox"/> Left or <input type="checkbox"/> Right Shoulder Arthroscopy, Subacromial Decompression Open Rotator Cuff Repair Stable
Allergies:	
IVF:	D5 ½ NS at 100 cc/hour Change to heplock with good Po intake
Diet:	Advance to regular
Activity:	<input type="checkbox"/> Sling or <input type="checkbox"/> abduction pillow affected shoulder Ice packs to affected shoulder every 2 hours switch & freeze <input type="checkbox"/> ROM of Affected Shoulder: <input type="checkbox"/> Gentle <input type="checkbox"/> Passive <input type="checkbox"/> Pendulum swings <input type="checkbox"/> Wrist/Elbow ROM <input type="checkbox"/> Shoulder Immobilizer full time
Meds:	<ul style="list-style-type: none"> • Ancef one gm IV piggyback in PACU and every 8 hours x 2 • MOM 30 ml Po daily PRN constipation • Zofran 4 mg IV every 6 hours PRN nausea <p>Available Meds After PCA/Epidural Discontinued OR NO PCA/Epidural</p> <p><i>Mild Pain (scale 1-3)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Toradol 15 mg IV q 6 hr x 48 hours, 1st dose at _____ (in PACU) if creatinine is < 1.5 <input type="checkbox"/> Acetaminophen 650 mg Po q 6 hours x 48 hours, 1st dose at _____ (in PACU) <p><i>Moderate Pain (scale 4-7)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Norco 7.5 mg Po q 3 hours PRN <input type="checkbox"/> Morphine 4 mg IV q 3 hours PRN <p><i>Severe Pain (scale 8-10)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dilaudid 1 mg IV q 4 hours PRN <ul style="list-style-type: none"> • If allergy exists to any above listed medications, call physician for additional orders.
	Begin Incentive Spirometry Protocol, and OSA screening and/or protocol as applicable. Notify Respiratory Therapy.
	Turn, cough, and deep breath every 2 hours x 48 hours while awake.
	DC hemovac drain in am prior to discharge hours.
	OnQ pain pump. Discontinued per patient on POD 3 at home.
MD Signature: _____	Date & Time: _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4