



**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. ☐

### Routine Mastectomy Post Op Order Set

☐ Admit Inpatient ☐ Outpatient

1. To floor from PACU. S/P: \_\_\_\_\_

2. Notify Dr. \_\_\_\_\_ of room number.

3. Vital signs: Routine post op, then every 4 hours.

4. I&O: every 8 hours. Notify MD for UOP \_\_\_\_\_ cc/hr.  
Empty JP drain(s) every 4 hours & PRN or \_\_\_\_\_ & record amount.

5. Diet: Clear Liquid. Resume home diet on evening of surgery or \_\_\_\_\_.

6. IVF: Heplock IV when present bag infused & tolerating Po fluids well.  
If nausea persists, infuse \_\_\_\_\_ @ \_\_\_\_\_ cc/hr.

7. Activity: BRP & up in room with assistance day of surgery or \_\_\_\_\_.

8. Lab: ☐ CBC no Diff ☐ CBC with auto Diff ☐ CBC with manual Diff  
☐ Other: \_\_\_\_\_

9. Meds: Pain: ☐ Morphine 2 mg IV every 3 hours PRN pain if not relieved by Norco.  
☐ Norco 5 one tab Po every 4 hours PRN pain  
☐ Other (please list): \_\_\_\_\_

Nausea: ☐ Zofran 4 mg IV every 4 hrs PRN nausea  
☐ Other (please list): \_\_\_\_\_

Other: ☐ \_\_\_\_\_

10. Post sign in room: No BP or IV in Right /Left Arm (please identify arm.)

11. Begin Incentive Spirometry Protocol, and OSA screening and/or protocol as applicable. Notify Respiratory Therapy.

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

13. Notify MD for: Temperature: \_\_\_\_\_  
Systolic BP \_\_\_\_\_  
Diastolic BP \_\_\_\_\_  
HR \_\_\_\_\_

14. Notify Nurse Navigator at 256-737-2842 and Reach to Recovery at 1-800-227-2345 of admission.

15. Discharge Planning: A. Give patient "Mastectomy Information."  
B. Instruct patient/family in JP drain care, emptying & recording.  
☐ Notify Case Manager for Home Health Care if not done preoperatively.

16. SCD hose

17. Additional orders and /or instructions:

MD Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Please use Ball Point Pen ONLY