



**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. ☐**

### Surgical Arts Post Op Order Set

☐ Admit Inpatient      ☐ Place in Observation Services      ☐ Outpatient

1. Routine Recovery Room Care / CCU post op

2. Vital signs and I&O every \_\_\_\_\_

3. Daily weight

4. Diet: \_\_\_\_\_

5. IV: \_\_\_\_\_

6. NG to low intermittent suction, flush both ports with air every 4 hours

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

8. ☐ Foley to gravity      ☐ PRN

9. ☐ Bed Rest      ☐ Up in Chair      ☐ Ambulate

10. Meds: ☐ See medication reconciliation report  
☐ See home medication form  
☐ Toradol 30 mg IV every 6 hours PRN pain x 6 doses not relieved by Tylenol  
☐ Tylenol 650 mg Po / supp every 4 hours PRN pain  
☐ Norco ☐ 5 mg ☐ 7.5 mg ☐ 10 mg every 4 hours PRN pain not relieved with Tylenol or Toradol  
☐ Demerol 25 mg IV every 3 hours PRN pain not relieved with Tylenol or Norco or Toradol  
☐ Morphine 2 mg IV every 2 hours PRN pain not relieved with Tylenol or Norco or Toradol or Demerol  
☐ Zofran 4mg IV every 3 hours PRN nausea  
☐ Phenergan 25 mg PR every 6 hours PRN nausea not relieved by Zofran  
☐ SCD (SCD longer than 24 hours post op only if pharmacologic contraindication to VTE prophylaxis)  
☐ Lovenox 40 mg SubQ every 24 hours. Start at \_\_\_\_\_ hours x \_\_\_\_\_ hours  
☐ Nitrol ointment 1 inch to chest every \_\_\_\_\_ hours x \_\_\_\_\_ hours  
☐ PCA ☐ Morphine ☐ Demerol, Load \_\_\_\_\_ mg, dose \_\_\_\_\_ mg  
Lockout \_\_\_\_\_ min, \_\_\_\_\_ mg Max 4 hours (start only after epidural is removed)  
☐ Pepcid 20 mg IV q 12 hours  
☐ Protonix 40 mg IV daily  
☐ Antibiotic: \_\_\_\_\_

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. May take shower with Tegaderm on wound every day

14. ☐ Labs now ☐ in am      ☐ Hgb & Hct      ☐ Platelets      ☐ BMP  
☐ CBC no Diff      ☐ CBC with auto Diff      ☐ CBC with manual Diff  
☐ CMP      ☐ Other \_\_\_\_\_

15. Cardiac Monitor

16. O<sub>2</sub> at 2 liters per nasal cannula ☐ Wean ☐ Don't Wean

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

Revised: 04/04/18

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