

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

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

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Mako Total Hip Arthroplasty (THA) Post Op Order Set

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☐ Inpatient Admission ☐ Outpatient Admission

1. Admit to PACU then 5 East, _____ MD/DO

2. Dx S/P ☐ Right ☐ Left THA
Approach: ☐ Anterior ☐ Lateral ☐ Posterior

3. Xray AP & Lateral ☐ Right ☐ Left hip in PACU, include stem of prosthesis.

4. Vital signs per PACU routine, then q 2 hours x 2, q 4 hours x 4, then routine. Neurovascular checks with vital signs. Assess plantar/dorsiflexion of affected leg.

5. IVF: ☐ D5½ NS ☐ NS ☐ ½ NS ☐ LR ☐ Other _____ @ _____ cc/hr
until taking Po fluids well then KVO. DC heplack when antibiotics complete.

6. Diet: ☐ Regular ☐ Low Na ☐ Consistent Carbohydrate ☐ NPO (includes ALL tube feedings)
☐ Other _____

7. Bilateral ☐ Knee ☐ Thigh-high Anti-Embolism Stockings Check q 4 hours for cording.

8. Bilateral Sequential Compression Devices. Assess calf every shift.

9. Activity: OOB in chair for all meals beginning ☐ today ☐ POD #1

Precautions: ☐ Standard Hip ☐ Anterior approach ☐ No restrictions Other: _____

10. Ice pack to affected extremity. Apply for 30 minutes every 2 hours.

11. Abduction pillow/pillow ☐ full time ☐ at hs ☐ confused state

12. PTx consult: THA order set begin ☐ today ☐ am following surgery.
☐ WBAT ☐ Partial WBAT _____ % ☐ Toe touch only

13. Basic Metabolic Panel, Hgb, Hct every am x 3.

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

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

16. Foley catheter ☐ Yes ☐ No If yes, record UOP q 8 hours. If UOP < 240 cc/shift call MD.
DC foley catheter @ 0600 ☐ POD #1 ☐ POD #2

17. Straight cath q 8 hours PRN if no UOP or for urinary distention.

18. Record intake and output on graphic chart x 24 hours.

19. Reinforce dressing PRN and change if soiled. Change on POD #2 using sterile technique.

20. Consult Occupational Therapy

21. Continuous cardiac monitoring ☐ Yes ☐ No x _____ hour(s)

22. Meds:

- ☐ Epidural or PCA pump and pain management per anesthesia
- ☐ Aspirin 325 mg Po daily first dose at 0700 or POD #1
- ☐ Aspirin 325 mg Po bid first dose at 0700 or POD #1
- ☐ Eliquis 2.5 mg Po bid for anticoagulation, start am POD #1
- ☐ Lovenox 30 mg SubQ q 12 hours, first dose at 0700 or POD #1

Physician Signature: _____

Date & Time: _____

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Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4



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23. Meds (continued):

- ☐ Ancef 1 gram IV q 6 hours x 3 doses First dose at _____.
- ☐ Zofran 4 mg IV/IM q 4 hours PRN nausea
- ☐ Milk of Magnesia 30 ml Po q 12 hours PRN for constipation.
- ☐ FeSO₄ (ferrous sulfate) 325 mg ½ tab Po with Vitamin C 250 mg daily for anemia.
- ☐ Maalox 30 ml Po q 4 hours PRN for heartburn or indigestion.

Available Meds After PCA/Epidural Discontinued OR NO PCA/Epidural

Mild Pain (scale 1-3)

- ☐ Toradol 15 mg IV q 6 hr x 48 hours, 1st dose at _____ (in PACU) if creatinine is < 1.5
- ☐ Acetaminophen 650 mg Po q 6 hours x 48 hours, 1st dose at _____ (in PACU)

Moderate Pain (scale 4-7)

- ☐ Norco 7.5 mg Po q 3 hours PRN
- ☐ Morphine 4 mg IV q 3 hours PRN

Severe Pain (scale 8-10)

- ☐ Dilaudid 1 mg IV q 4 hours PRN

- **If allergy exists to any above listed medications, call physician for additional orders.**

24. ☐ Begin Lovenox self-injection teaching.

25. Medical consult _____ MD/DO

Regarding: ☐ Medication review

☐ Assist with post-operative medical management

☐ Other _____

26. Case Management consult for D/C planning

☐ Home Physical Therapy ☐ 5 times per week for 2 weeks

☐ Nursing Home or Rehab Placement

☐ Outpatient PTx _____ x a week x _____ weeks

27. May use standing orders.

Physician Signature: _____ Date & Time: _____

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