



**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. ☐

### Total Joints Preoperative Order Set

#### Preadmission Testing Orders:

1. Diagnosis: Advanced DJD ☐ Right ☐ Left ☐ Hip ☐ Knee ☐ Shoulder
2. Additional Diagnosis:
3. Orientation class
4. Date of Surgery
5. Pre-op Labs: ☐ CBC no Diff ☐ CBC with auto Diff ☐ CBC with manual Diff  
☐ Basic Metabolic Profile  
☐ UA with microscopic analysis & culture if indicated  
☐ Type/Screen  
☐ ESR  
INR/PT/PTT for Dr. Dueland and Dr. Gomez
6. Fax Lab Reports to Dr. ☐ Bergquist ☐ Dueland ☐ Fuller ☐ Gomez ☐ Hirsbrunner ☐ Songer
7. Follow up appointment with \_\_\_\_\_ MD/DO.
8. Review NPO (includes ALL tube feedings) orders with patient and family

#### Day of Surgery Orders:

1. ☐ Admit Outpatient ☐ Admit Inpatient
2. Pre-op Consent for: ☐ Right ☐ Left ☐ Hip ☐ Knee ☐ Shoulder Arthroplasty
3. NPO (includes ALL tube feedings).
4. Ancef 1 gm IV to accompany to surgery
5. Bed with Trapeze to OR with patient
6. Bilateral Sequential Compression devices applied in pre-op holding
7. Metered foley catheter to gravity drain ☐ Yes ☐ No

Physician Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**Please use Ball Point Pen ONLY**

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