



**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. ☐

Mako Total Knee Arthroplasty (TKA) Post Op Order Set

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Admit to: ☐ Outpatient ☐ Inpatient

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

2. Dx S/P ☐ Right ☐ Left TKA

3. Xray: AP & Lateral ☐ Right ☐ Left knee in PACU

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

5. IVF: ☐ D5½ NS ☐ LR ☐ ½ NS ☐ NS ☐ Other _____ @ _____ ml/hr until taking Po fluids well. DC heplock when antibiotics complet ed.

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

7. Thigh high anti-embolism stockings to opposite leg ☐ Yes ☐ No Check q 4 hours for cording.
Add thigh high anti-embolism stockings to affected leg on POD #2 with dressing change ☐ Yes ☐ No

8. Bilateral Sequential Compression Devices. Assess calf q shift

9. Activity: OOB in chair for all meals, begin ☐ today ☐ am of POD #1.

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

11. PT consult: Begin TKA order set ☐ today ☐ in am following surgery.
☐ WBAT ☐ Partial WBAT _____% ☐ Toe Touch Only

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

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

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

15. Foley catheter ☐ Yes ☐ No If yes, record UOP every 8 hours. If UOP < 240 ml/shift call MD.
DC Foley 0600 ☐ POD #1 ☐ POD #2

16. Straight cath every 8 hours PRN for no UOP or urinary distention.

17. Record Intake & Output q shift on graphic chart x 24 hours.

18. Reinforce dressing PRN, change if soiled. Change dressing on POD #2 using sterile technique and apply thigh high anti-embolism stockings if ordered.

19. Continuous cardiac monitoring ☐ Yes ☐ No x _____ hours.

20. Meds:

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

Physician Signature: _____

Date & Time: _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4



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- ☐ Ancef 1 gram IV q 6 hr x 3 doses First dose at _____.
- ☐ Zofran 4 mg IV/IM q 4 hr PRN nausea.
- ☐ Milk of Magnesia 30 ml Po PRN daily constipation.
- ☐ FeSO₄ (ferrous sulfate) 325 mg ½ tab Po with Vitamin C 250 mg daily for anemia.
- ☐ Maalox 30 ml Po q 4 hr 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 hr, 1st dose at _____ (in PACU) if creatinine is < 1.5
- ☐ Acetaminophen 650 mg Po q 6 hr x 48 hr, 1st dose at _____ (in PACU)

Moderate Pain (scale 4-7)

- ☐ Norco 7.5 mg Po q 3 hr PRN
- ☐ Morphine 4 mg IV q 3 hr PRN not relieved by Norco

Severe Pain (scale 8-10)

- ☐ Dilaudid 1 mg IV q 4 hr PRN

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

21. ☐ Begin Lovenox self-injection teaching.

22. Medical consult _____ MD/DO

Regarding: ☐ Medication review

☐ Assist with post-op medical management

☐ Other _____

23. Case Management consult for D/C planning

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

☐ Nursing Home or Rehab Placement

24. May use standing orders.

Physician Signature: _____ Date & Time: _____

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