

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. ☐

Total Shoulder Arthroplasty (TSA) 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 TSA

3. Xray: AP & Lateral ☐ Right ☐ Left shoulder 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.

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

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

7. Bilateral Sequential Compression Devices. Assess calf every shift

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

9. PTx consult: Begin TSA order set ☐ today ☐ in am following surgery.

10. Apply ☐ Shoulder Immobilizer ☐ Arm sling to surgical upper extremity.

11. Ice packs q 2 hours.

12. Basic Metabolic Panel, Hgb, Hct every am

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 q 8 hours. If UOP < 240 cc/shift call MD.
DC Foley 0600 ☐ POD # 1 ☐ POD # 2

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

17. Record I&O every shift on graphic chart x 24 hours.

18. Reinforce dressing PRN, change if soiled. Change dressing on POD #2 using sterile technique.

19. Continuous cardiac monitoring ☐ Yes ☐ No x _____hours.

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

Revised and approved by JC Committee and P&T: 05/20/2021 Page 1 of 2

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20. Meds:

- ☐ PCA pump and pain management per anesthesia
- ☐ Aspirin 325 mg Po daily
- ☐ Aspirin 325 mg Po bid
- ☐ Eliquis 2.5 mg Po BID, Start POD 1
- ☐ Lovenox 30 mg SubQ q 12 hours, first dose at 0700 or POD #1 after epidural discontinued for anticoagulation.
- ☐ Zofran 4 mg IV/IM q 4 hours PRN nausea.
- ☐ Ancef 1 gram IV q 6 hours x 3 doses. First dose at _____.
- ☐ Milk of Magnesia 30 ml Po PRN constipation.
- ☐ FeSO4 (ferrous sulfate) 325 mg ½ tab Po with Vitamin C 250 mg daily for Anemia
- ☐ FeSO4 (ferrous sulfate) 325 mg ½ tab Po with Vitamin C 250 mg bid for Anemia
- ☐ Maalox 30 ml Po q 4 hours PRN for heartburn or indigestion.
- ☐ Trazodone 25 mg Po q hs PRN insomnia
- ☐ Tylenol 650 mg Po q 4 hours temperature > 101.5

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.**

21. ☐ Begin Lovenox self-injection teaching.

22. Medical consult _____ MD/DO

Re: 1. Medication review

2. Assist with post op medical management

3. Other: _____

23. Case Management consult for D/C planning

- ☐ Home Physical Therapy ☐ 5 x/week for 2 weeks ☐ Nursing Home or Rehab Placement
- ☐ Outpatient PTx _____ times a week for _____ weeks

24. May use standing orders

Physician Signature: _____ **Date & Time:** _____

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