

Palm Drive Hospital  
**ORTHOPEDIC**  
**POST-OP ORDERS**

CHECK BOX TO ACTIVATE ORDER IF APPLICABLE  
 CROSS OUT NON-APPLICABLE ORDERS WITH SINGLE LINE

<b>ADMISSION INFORMATION</b>  Ht: _____  Wt: _____	Admit to: <input type="checkbox"/> <b>HOSPITALIST SERVICE</b> and/or <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Med/Surg <input type="checkbox"/> ICU (see also ICU Standing Orders) <input type="checkbox"/> Tele (see also Telemetry Standing Orders) Surgery/Diagnosis: <input type="checkbox"/> THA circle: ANTERIOR POSTERIOR <input type="checkbox"/> TKA <input type="checkbox"/> TSA Circle: LEFT RIGHT <input type="checkbox"/> Other Diagnosis: _____ Condition: <input type="checkbox"/> stable <input type="checkbox"/> fair <input type="checkbox"/> guarded <input type="checkbox"/> critical Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Other _____ Code Status: (see Goldenrod) Advance Directives: <input type="checkbox"/> on chart <input type="checkbox"/> completed by PCP - please call _____ for copy <input type="checkbox"/> unknown
<b>REFERRALS</b>	<input type="checkbox"/> Discharge Planning <input type="checkbox"/> Financial Services <input type="checkbox"/> Social Services <input type="checkbox"/> Wound/Ostomy Care RN <input type="checkbox"/> _____ Integrative Health: <input type="checkbox"/> Integrative Medical Consult <input type="checkbox"/> All OK PRN pt request <input type="checkbox"/> Acupuncture <input type="checkbox"/> Guided Imagery/Hypnosis <input type="checkbox"/> Massage therapy <input type="checkbox"/> Music Care <input type="checkbox"/> Osteopathic manipulative treatment
<b>NURSING</b>	Post-op VS: every 15 mins until stable, then every 30 mins x 4, then every hr x 4 U.O every hr x 6 hrs - call if <20ml/hr VS: <input type="checkbox"/> every 4 hrs <input type="checkbox"/> every 8 hrs <input type="checkbox"/> Per Unit Protocol CSM checks _____ extremity every hour x 12, then every 4 hours OrthoPAT: reinfuse blood and then convert to suction per protocol I&O daily <input type="checkbox"/> weigh daily <input type="checkbox"/> Foley catheter—UA dip to Lab with insertion. D/C foley on morning of post-op day _____ <input type="checkbox"/> Turn patient every 2 hours. Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> OOB to chair _____ <input type="checkbox"/> Amb. as tol. <input type="checkbox"/> _____ <input type="checkbox"/> Routine 1 <sup>st</sup> drsg change by physician, then drsg change PRN (may reinforce or change drsg if saturated before 1 <sup>st</sup> drsg change) Surgical precautions: <input type="checkbox"/> None <input type="checkbox"/> THA (no hip flexion past 90°, no internal rotation, no adduction past neutral) <input type="checkbox"/> Abduction wedge <input type="checkbox"/> TSA (no active shoulder motion, no external rotation past neutral) <input type="checkbox"/> Wt bearing status: <input type="checkbox"/> NWB <input type="checkbox"/> Toe touch WB <input type="checkbox"/> WB as tolerated <input type="checkbox"/> WB 50% or _____% or _____lbs Ice to surgical site x 20 minutes every 2 hours for the first 24 hours Notify physician if: ■HR < 60 or > 120 ■SBP < 80 or > 160 ■DBP > 100 ■RR < 8 ■Temp > 101.5 ■SpO2 < 90% ■U. O. <30 cc/hr x 2 hrs ■Wound drainage > 400 ml/4 hrs ■Hemoglobin < 8%
<b>LAB</b>	<input type="checkbox"/> H&H at 2000 day of surgery and in am on post-op days 1,2, 3 <input type="checkbox"/> PT and INR in am daily while on Coumadin <input type="checkbox"/>
<b>X-RAY</b>	<input type="checkbox"/> AP/Lateral Knee to include entire prosthesis - in PACU <input type="checkbox"/> AP low pelvis to include entire prosthesis - in PACU <input type="checkbox"/> AP/Lateral shoulder to include entire prosthesis - in PACU
<b>DIETARY</b>	<input type="checkbox"/> Progress diet as tolerated: ■Clear liquids when bowel sounds present ■Full liquids when tolerating clear liquids ■When tol. Full liquids: <input type="checkbox"/> Regular <input type="checkbox"/> Cardiac <input type="checkbox"/> _____ Gm Sodium <input type="checkbox"/> _____ Calories ADA <input type="checkbox"/> Encourage PO fluids
<b>RESPIRATORY CARE</b>	Pneumonia prophylaxis: IS every 1-2 hrs WA, cough and deep breathe every 2 hours WA O2 to keep O2 Sat > 92% Wean and D/C PRN
<b>REHAB</b>	<input type="checkbox"/> PT Evaluate and treat <input type="checkbox"/> OT Evaluate and treat <input type="checkbox"/> May ambulate when cleared by PT <input type="checkbox"/> TKA <input type="checkbox"/> CPM: 5°—90° in PACU or _____ <input type="checkbox"/> TSA: <input type="checkbox"/> Initiate Codman's exercise <input type="checkbox"/> Active exercise, elbow, wrist and fingers; <input type="checkbox"/> THA
<b>INFECTION PREVENTION</b>	<input type="checkbox"/> Isolation Precautions—for: _____ <b>MRSA LEGAL REQUIREMENTS:</b> MRSA NARES SCREEN if: Discharged from an acute care hospital within past 30 days; <b>OR</b> Transferred from a nursing facility; <b>OR</b> Admission to ICU (one screen per hospital stay). <input type="checkbox"/> Positive MRSA History—Do not test. Start Glove Precautions. <input type="checkbox"/> Completed at pre-op appointment <b>CULTURES:</b> <input type="checkbox"/> wound <input type="checkbox"/> aspiration closed wound <input type="checkbox"/> sputum (PNA) <input type="checkbox"/> U/A with UTI symptoms/Hx <input type="checkbox"/> Blood <b>DIARRHEA:</b> (3 or more unformed stools in past 24 hours)—NOTIFY I.P. x4386 and send stool for C-Difficile Other etiologies: <input type="checkbox"/> Bacterial (stool culture) <input type="checkbox"/> Norovirus <input type="checkbox"/> Parasites x3 (O&P) rate <input type="checkbox"/> Other: _____
<b>VACCINES</b>	Influenza vaccine: per Influenza Vaccination Screening & Administration Protocol Pneumonia vaccine: per Pneumococcal Vaccination Screening & Administration Protocol
<b>VTE PROPHYLAXIS</b>	Ankle exercises every 1-2 hrs WA and SCD: <input type="checkbox"/> Knee <input type="checkbox"/> Footie <input type="checkbox"/> TED <input type="checkbox"/> Warfarin (Coumadin) PO tonight: <input type="checkbox"/> <b>Work-up unremarkable = 7.5mg,</b> <input type="checkbox"/> <b>Risk of hemorrhage = 5 mg,</b> <input type="checkbox"/> <b>Elderly above 65 years or under 100 lbs = 5 mg</b> Beginning tomorrow, Pharmacist to dose per Pharmacy protocol

# ORTHOPEDIC POST-OP ORDERS

<b>IV</b>	IV 1000 ml D51/2 NS at 100 ml/hr or <input type="checkbox"/> _____ Saline lock when taking PO fluids well. D/C saline lock prior to discharge. <input type="checkbox"/> PICC consult/protocol
<b>ANTIBIOTICS</b>	Cefazolin (Ancef) <input type="checkbox"/> 1gm (patient ≤80 Kg) IV every 8 hours x 2 doses—both doses to be given within 24 hours of surgery completion <input type="checkbox"/> 2gm (patient >80 Kg) IV every 8 hours x 2 doses—both doses to be given within 24 hours of surgery completion <input type="checkbox"/> Vancomycin 1 gm IV every 12 hours x 24 hours. First dose begins 12 hours after the pre-op dose (for MRSA positive total joint procedures, allergy to Cephalosporins or documented anaphylactic b-Lactam allergy.) Pharmacy to adjust per protocol
<b>PEPTIC ULCER PROPHYLAXIS</b>	<input type="checkbox"/> Pantoprazole (Protonix) 40mg PO / IV (circle one) daily <input type="checkbox"/> Famotidine (Pepcid) 20 mg PO / IV (circle one) BID
<b>GLYCEMIC CONTROL</b>	<input type="checkbox"/> Notify physician if AM fasting blood sugar is > 140 <input type="checkbox"/> Sliding Scale Insulin (See sliding scale order sheet) <input type="checkbox"/> Intensive Insulin Protocol (ICU only – see order sheet)
<b>PAIN</b>	<input type="checkbox"/> Ketoralac (Toradol) _____mg IV every 6 hours x ___ doses <b>OR</b> <input type="checkbox"/> _____mg IV every 6 hours <b>PRN</b> x 48 hours Celebrex: <input type="checkbox"/> 200 mg PO BID <input type="checkbox"/> 200 mg PO daily <input type="checkbox"/> Epidural/Intrathecal – <b>See”Physician Order Form”</b> (Pts may receive <b>only</b> those meds ordered on form. Pain, sedation, and nausea meds checked below may be initiated <b>after</b> Epi/Intrathecal orders D/C'd) <input type="checkbox"/> PCA— <b>See “PCA Physician Order Form”</b> (Pts may receive <b>only</b> those meds ordered on form. Pain, sedation, and nausea meds checked below may be initiated <b>after</b> PCA orders D/C'd) <b>For IV pain control:</b> (do not give any PO pain meds while patient receiving IV pain meds) <input type="checkbox"/> Morphine Sulfate _____ mg IV every 15 min PRN pain <input type="checkbox"/> Dilaudid _____ mg IV every hour PRN severe pain (max = _____ mg in 4 hours) <b>For PO pain control:</b> ( may give IV pain med only if ordered for breakthrough pain) <input type="checkbox"/> Oxycodone/Acetaminophen (Percocet) 5/325mg 1 tab PO every 3 hours PRN mild to moderate pain ( < 5/10 ) <input type="checkbox"/> Oxycodone/Acetaminophen (Percocet) 5/325mg2 tabs PO every 3 hours PRN moderate to severe pain ( ≥ 5/10 ) <input type="checkbox"/> Hydrocodone/Acetaminophen (Norco) 10/325mg 1 tab PO every 4 hours PRN mild to moderate pain ( < 5/10 ) <input type="checkbox"/> Hydrocodone/Acetaminophen (Norco) 10/325mg 2 tabs PO every 4 hours PRN moderate to severe pain ( ≥ 5/10 ) <input type="checkbox"/> Morphine Sulfate _____mg IV every 1 hour PRN for breakthrough pain <input type="checkbox"/> Dilaudid _____mg IV every 1 hour PRN for breakthrough pain
<b>NAUSEA VOMITING</b>	<input type="checkbox"/> Dolasetron (Anzemet) 12.5 mg IV every 6 hours PRN nausea/vomiting, MR x 1 in 30 min <b>(Alert: If on PCA, refer to PCA orders)</b> <input type="checkbox"/> Ondansetron (Zofran) 4 mg IV x 1 every 24 hours PRN nausea/vomiting <input type="checkbox"/> Metoclopramide (Reglan) 10 mg PO / IV over 2 min. (circle one) every 6 hrs PRN N/V
<b>BOWEL CARE</b>	<input type="checkbox"/> Follow PDH “Bowel Care Protocol”: <input checked="" type="checkbox"/> DSS 250 mg PO daily <input checked="" type="checkbox"/> Dulcolax Supp PR daily PRN constipation <input checked="" type="checkbox"/> MOM 30 ml PO daily PRN constipation <input checked="" type="checkbox"/> Fleets Enema daily PRN constipation
<b>ANXIETY</b>	<input type="checkbox"/> Alprazolam (Xanax) 0.25 mg PO every 6 hours PRN anxiety or <input type="checkbox"/> Lorazepam (Ativan) _____mg IV / PO (circle one) every _____ hrs PRN anxiety
<b>SLEEP</b>	<input type="checkbox"/> Temazepam (Restoril) PO HS PRN insomnia MR X 1 in 1 hour <input type="checkbox"/> 7.5 mg (rec. >65 yrs) <input type="checkbox"/> 15 mg (<65 yrs) <b>OR</b> <input type="checkbox"/> Zolpidem (Ambien) 5 mg PO HS PRN sleep MR X 1 <b>(Alert: if on PCA, refer to PCA orders)</b>
<b>ADDITIONAL MEDICATIONS</b>	<input type="checkbox"/> Ferrous Gluconate 324 mg PO BID with meals; <input type="checkbox"/> Multivitamin with minerals 1 tab PO daily Nicotine Patch: <input type="checkbox"/> 7 mg daily <input type="checkbox"/> 14 mg daily <input type="checkbox"/> 21 mg daily <input type="checkbox"/> Tylenol 650mg PO every 4 hours PRN temp > 101 or mild pain (total Acetaminophen dose, including Percocet, not to exceed 4 gms/24 hours) <input type="checkbox"/> Maalox 30 ml PO every 2 hours PRN indigestion
<b>OTHER ORDERS</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

TRANSCRIBER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

RN Signature: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_