

PRESS VERY FIRMLY
USE BALL POINT PEN ONLY

MEMORIAL HOSPITAL

page 1 of 2

CHECK / OFF EACH ORDER AS TRANSCRIBED

DATE _____ TIME ORDERED _____

POST OPERATIVE SPINAL FUSION ORDERS

1. Admit to: _____ Condition: _____
2. Attending physician: _____
3. S/P _____ fusion with/without instrumentation.
4. Weight: _____ Allergies: _____
5. Vital signs, CMS & dressing checks Q _____ hours & record.

NURSE'S SIGNATURE _____ DOCTOR'S SIGNATURE _____

DO NOT WRITE IN THIS SPACE

CHECK HERE IF FORMULARY LISTED GENERIC EQUIVALENT IS UNACCEPTABLE

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PHYSICIAN'S ORDERS

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6. Strict I & O.
7. Diet: NPO until AM. Then ice chips, advance to regular diet.
8. Activity: HOB @ _____ Log Roll: _____
Begin PT for progressive ambulation on _____
9. Notify H.O. temp >38.5° C. (101.5° F).
10. Hemovac to suction. Notify H.O. drainage ≥ _____ cc/shift.

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11. Oxygen per facemask @ _____ L/min. Wean per protocol. Incentive spirometry Q 1^o while awake, begin in AM.
12. Pulse oximeter or cardiac/respiratory monitor.
13. Foley to gravity. Notify H.O. output < _____ cc/shift.
14. IVF'S:
 1. D5.45 NaCl + 20 meq KCL @ _____ cc/hr
 2. PCA per anesthesia

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	DATE	TIME ORDERED	
NURSE'S SIGNATURE	15. Medications:		
	a.) Cefadyl IVPB Q8° X 48°.		
	b.) Tylenol PO/PR Q4°, PRN, temp \geq _____		
	c.) Phenergan _____ PR/IVP Q6° PRN N & V.		
	d.) Colase _____ QD.		
	e.) _____		
f.) _____			
DOCTOR'S SIGNATURE			DO NOT WRITE IN THIS SPACE

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NURSE'S SIGNATURE	Post PCA:	
	a.) Tylenol #3 _____ PO Q4°, PRN.	
	b.) _____	
	18. Labs: CBC in PAC and Q AM X 2.	
	19. X-rays:	
	a.) PA & lateral of T-L-S spine in PACU.	
b.) Standing PA & lateral of the T-L-S spine on post-op day _____ (Attach requisition)		
c.) _____		
DOCTOR'S SIGNATURE		DO NOT WRITE IN THIS SPACE

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	DATE	TIME ORDERED
NURSE'S SIGNATURE	20. Other:	
DOCTOR'S SIGNATURE		DO NOT WRITE IN THIS SPACE

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