

HOSPITAL

Orthopaedic Post-Operative Physician Orders

- Vital signs per PACU routine then, q4hrs x 24hrs, then q8hrs
- Neurovascular checks to operated extremity q4hrs x 24hrs
- Diet Regular Diet _____
- I & O q 8hrs x 48hrs

Diagnosis and Procedure:

Allergies

- Insert foley if unable to void by 6hrs post-op. Leave in if greater than 300cc Foley to gravity D/C foley POD # _____
- Hemovac-empty, record and reactivate q shift and PRN.
- Up in chair POD #1 (Progress activity per Physical Therapist)
- Heels off bed at all times
- Elevate operated extremity
- ~~Abduction~~ Pillow and Hip dislocation precautions Anterior approach Posterior approach
- Knee Immobilizer _____
- Hypothermia therapy (set temp. 40° - 60° F) D/C on POD #1
- Change Dressing POD #1 & q day PRN
- Sequential compression stockings knee high (L) (R)
- Foot pump (L) (R)
- CPM: Start PACU, POD #1 Start at _____ ° Use _____ hrs/day Increase to _____ ° as tolerated
- Incentive Spirometer q 1 hr while awake
- See PCA Physician Order Form: D/C PCA After 2nd PT session POD #1
- Morphine Sulfate _____ mg IV q1hr PRN Pain
- Morphine Sulfate _____ mg IM q3h PRN Pain
- Oxycodone / Acetaminophen 5/325mg (Percocet) 1 tab po q4hr PRN Pain
- Oxycodone / Acetaminophen 5/325 mg (Percocet) 2 tabs PO q4hr PRN Pain
- Hydrocodone / Acetaminophen 5/500 (Vicodin) 1 tab PO q4hr PRN Pain
- Hydrocodone / Acetaminophen 5/500 (Vicodin) 2 tabs PO q4hr PRN Pain
- Zolpidem (Ambien) 5mg po qhs/PRN insomnia, may repeat in 1 hour if needed
- Cefazolin (Ancef) 1 gram IVPB q8hrs X 2 post-op Doses
- Enoxaprin (Lovenox) 30mg SQ BID start POD #1 Teach Family/Patient to Administer Enoxaprin (Lovenox)
- FeSO4 324mg PO BID
- Docusate sodium (Colace) 100 mg PO BID
- MOM 30cc's PO QDay PRN constipation
- Dulcolax Suppository one per rectum/OD PRN constipation
- Ondansetron (Zofran) 4mg IV, q6h PRN nausea
- Acetaminophen 650 mg. PO, q4hr PRN temperature greater than 101, or mild pain
- IVF: _____ to run at _____ cc/hr. Saline lock when tolerating PO well
- H&H q am POD #1 and POD #2 Call attending if hct less than 26
- X-ray of _____ in PACU
- Physical Therapy BID (begin POD #1) WBAT TTWB _____ %PWB NWB
- Occupational Therapy for adaptive techniques
- Anticipate D/C Home on _____ (date) Anticipate D/C SNF on _____ (date)

Physician's Signature

Physician's Name (Print)

Date

Time