

PHYSICIAN'S ORDERS

North DeKalb Orthopedics: Robert S. Bachner, M.D. Paul F. Richin, M.D. Damien A. Doute, MD

Office Tel: (404) 294-4111

ALLERGIES (on admission / 1st orders only): _____

DATE ORDERED	TIME	
		<p>1. Admit to PACU, then to Orthopaedic Floor (3200) <input type="checkbox"/> Dr. Richin <input type="checkbox"/> Dr. Doute' <input type="checkbox"/> Dr. Bachner</p> <p>2. Dx. Status Post: <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> THA <input type="checkbox"/> TKA <input type="checkbox"/> Hybrid <input type="checkbox"/> Cemented <input type="checkbox"/> OTHER: _____</p> <p>3. Condition: _____</p> <p>4. Vital Signs per PACU, then q 4h x 24 hours, then q shift while on Orthopedic Floor</p> <p>5. Notify MD if Temp > 103, Pulse <45 or >160, Respirations <10 or >30, Systolic BP <80 or >185</p> <p>6. XRAYs IN Recovery ROOM: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> RT <input type="checkbox"/> LT KNEE AP & LATERAL (bend knee for lateral)</p> <p style="padding-left: 20px;"><input type="checkbox"/> RT <input type="checkbox"/> LT Hip / Pelvis (use <u>large plate turned 90 degrees</u> shoot AP and then lateral of HIP)</p> <p>7. Neurovascular checks every 1 hour x 4, then routine</p> <p>8. Record I & O including wound drainage q. shift, Call M.D. if > 400cc in PACU or during any 8 hour shift</p> <p>9. Diet: Advance to <input type="checkbox"/> REGULAR DIET <input type="checkbox"/> 1800 ADA DIET <input type="checkbox"/> Other _____</p> <p>10. IV: <input type="checkbox"/> D5-1/2NS <input type="checkbox"/> NS <input type="checkbox"/> Ringers Lactate + _____ Meq KCL Liter at _____ CC/Hr (continuous)</p> <p>11. Convert IV Line to Heplock when Tolerating PO liquids Well</p> <p>12. MEDICATIONS:</p> <p style="padding-left: 20px;">A. Antibiotics: <input type="checkbox"/> Ancef 1 Gm IVPB q 8 Hrs x _____ Doses</p> <p style="padding-left: 40px;"><input type="checkbox"/> Gentamycin _____Mg IVPB q 8 Hrs x _____ Doses</p> <p style="padding-left: 40px;"><input type="checkbox"/> Vancomycin 500 Mg IVPB q 12 Hrs x _____ Doses</p> <p style="padding-left: 20px;">B. Multivitamin, 1 tab PO daily</p> <p style="padding-left: 20px;">C. Senekot-S tabs, 2 tab PO qhs start day after surgery. If needed may repeat 2 tabs po q 12 h</p> <p style="padding-left: 20px;">D. Vitamin C 500 Mg PO daily</p> <p style="padding-left: 20px;">E. Anticoagulation:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Ecotrin 1 tab PO q. AM</p> <p style="padding-left: 40px;"><input type="checkbox"/> Arixtra 2.5 mg sq daily, start _____ at _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Lovenox 30 Mg sq q12 Hrs, Start _____ at _____ AM / PM</p> <p style="padding-left: 40px;"><input type="checkbox"/> Lovenox 40 Mg sq daily, Start _____ at _____ AM / PM</p> <p style="padding-left: 40px;"><input type="checkbox"/> Coumadin _____Mg. PO q PM, and have Lab draw PT q AM and give (18-PT #) mg.</p> <p style="padding-left: 20px;">F. Ferrous Sulfate 325 Mg. PO Three Times Daily (TID)</p> <p style="padding-left: 20px;">G. <input type="checkbox"/> Celebrex 200 mg, Give 2 tabs po DAILY</p> <p style="padding-left: 20px;">H. <input type="checkbox"/> Reglan 10 mg po TID</p> <p style="padding-left: 20px;">I. <input type="checkbox"/> Zofran 4 mg po TID</p> <p>13. Other New Meds:</p> <p style="padding-left: 20px;">A. PCA Pump (Per Anesthesia) (With Morphine) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 20px;">B. If PCA IS ORDERED, HOLD ALL PRN PAIN MEDICATIONS EXCEPT OXYCONTIN</p> <p>14. Resume Previous Meds:</p> <p style="padding-left: 20px;">1. _____</p> <p style="padding-left: 20px;">2. _____</p> <p style="padding-left: 20px;">3. _____</p> <p style="padding-left: 20px;">4. _____</p> <p style="padding-left: 20px;">5. _____</p> <p style="text-align: right; margin-top: 20px;">Physician Signature: _____</p>

