

PHYSICIAN'S ORDERS - POSTOP (Amb Surg & 23 Hr)

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ALLERGIES (on admission / 1st orders only):

DATE ORDERED	TIME	
		<p>1. Admit to PACU, <input type="checkbox"/> 23 Hr Unit (overnight) <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 _____</p> <p>3. Condition: _____</p> <p>4. D/C IV when taking PO. Prior to that as per anesthesia _____</p> <p>5. Apply ice to <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Other _____ (Use Polarcare if on patients, otherwise, recycle Ice Packs)</p> <p>6. <input type="checkbox"/> Crutches prn. <input type="checkbox"/> Sling to Arm <input type="checkbox"/> Pillow under elbow</p> <p>7. D/C Home When Comfortable (unless specified above to stay 23 HR)</p> <p>8. <input type="checkbox"/> If on 23 Hr Unit, patient may go home in AM without seeing MD</p> <p>9. <input type="checkbox"/> If on 23 Hr Unit, Patient may go home after _____ PM if patient desires</p> <p>10. Regular (Usual) Diet _____</p> <p>11. Follow-up in 1 Week - 10 days (Patient to call for appointment) _____</p> <p>12. Weight Bearing: <input type="checkbox"/> Full (as Tolerated) <input type="checkbox"/> Crutch Ambulation <input type="checkbox"/> Non WeightBearing</p> <p>13. Elevation to involved extremity</p> <p>14. MEDICATIONS: (Use whichever is checked)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tylox 1-2 tabs PO q 4 hr. prn</p> <p style="margin-left: 20px;"><input type="checkbox"/> Morphine 7 mg IM q 3-4 hr. prn</p> <p style="margin-left: 20px;"><input type="checkbox"/> Lortab 7.5 1-2 tabs PO q 3-4 hr. prn</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tylenol #3 1-2 tabs PO q 3-4 hr. prn</p> <p style="margin-left: 20px;"><input type="checkbox"/> Compazine 10 Mg PO/IM or Phenergan 25 mg PO/IM or Inapsine 1.25 mg IM/IV q 6 hr. prn nausea</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ancef 1 gm IVPB _____</p> <p>15. Straight Catheterization prn. <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right; margin-right: 50px;">Physician Signature: _____</p>



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