

All must be checked to initiate order. If order not indicated draw a line through it.

Hospital status:

1. Admit as (Check box):													
<input type="checkbox"/> Inpatient Medical/Surgical (Anticipated length of stay of at least two midnights) <input type="checkbox"/> Supporting information available in provider documentation													
<input type="checkbox"/> Inpatient ICU (Anticipated length of stay of at least two midnights) <input type="checkbox"/> Supporting information available in provider documentation													
<input type="checkbox"/> Inpatient Labor and Delivery (Anticipated length of stay of at least two midnights) <input type="checkbox"/> Supporting information available in provider documentation													
<input type="checkbox"/> Outpatient with Bed													
<input type="checkbox"/> Observation Services													
Services are provided in accordance with article 412.3 of CMS IPPS Final Rule.													
Admit to (provider):													
Diagnosis:													
Procedure:													
Code Status:													
Allergies:													
1.	<input type="checkbox"/> Consult patient's primary care provider or if none, hospitalist. PCP: _____												
2.	Consultations: <input type="checkbox"/> Discharge/ Social Service consultation												
3.	Physical Therapy <input type="checkbox"/> Initiate Physical Therapy on day of Surgery Weight bearing of _____ lbs on _____ Occupational Therapy Evaluate and treat per protocols												
4.	RT: Evaluate and treat PRN												
5.	Diet: Full liquids when awake and free from nausea, then progress to regular as tolerated. If diabetic, General ADA diet with AC & HS CBG.												
6.	Lab: Hemogram in a.m. day following surgery Other: _____												
7.	X-ray:												
8.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Activity</th> </tr> <tr> <td style="width: 20%;">All patients</td> <td>Bilateral ankle waving every 1 hour while awake. Up to commode/BR with assist unless otherwise ordered, or need for P.T. Cough and deep breathe every 2 hours while awake x 24 hours.</td> </tr> <tr> <td><input type="checkbox"/> Total knee</td> <td>SCD on unaffected leg <input type="checkbox"/> Full length <input type="checkbox"/> Knee length <input type="checkbox"/> Ted Hose <input type="checkbox"/> Full length <input type="checkbox"/> Knee length</td> </tr> <tr> <td><input type="checkbox"/> Total hip</td> <td> Bilateral SCD Compression Hose <input type="checkbox"/> Full length <input type="checkbox"/> Knee length ✕ Posterior Approach Pillow between legs at all times when in bed. Turn every 2 hours from back to partial side lying- toward operated side only. Lockout Knee bed control to full flat position. Support trunk with pillow. Hip not bent more than 70 degrees. No crossing of legs or internally rotating operated hip/leg. Other: _____ ✕ Anterior Approach Support operated leg with lengthwise pillow, placed below the knee, and floating heel. Turn every 2 hours (as above), but can be to either side. Hip not to be extended past neutral. Patient should not actively abduct or externally rotate hip. Other: _____ </td> </tr> <tr> <td><input type="checkbox"/> Fracture / extremity</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Spine surgery</td> <td> Position of comfort in bed. Log roll every 2 hours supine to either side. Anterior cervical fusions only: elevate head of bed 10°. </td> </tr> </table>	Activity		All patients	Bilateral ankle waving every 1 hour while awake. Up to commode/BR with assist unless otherwise ordered, or need for P.T. Cough and deep breathe every 2 hours while awake x 24 hours.	<input type="checkbox"/> Total knee	SCD on unaffected leg <input type="checkbox"/> Full length <input type="checkbox"/> Knee length <input type="checkbox"/> Ted Hose <input type="checkbox"/> Full length <input type="checkbox"/> Knee length	<input type="checkbox"/> Total hip	Bilateral SCD Compression Hose <input type="checkbox"/> Full length <input type="checkbox"/> Knee length ✕ Posterior Approach Pillow between legs at all times when in bed. Turn every 2 hours from back to partial side lying- toward operated side only. Lockout Knee bed control to full flat position. Support trunk with pillow. Hip not bent more than 70 degrees. No crossing of legs or internally rotating operated hip/leg. Other: _____ ✕ Anterior Approach Support operated leg with lengthwise pillow, placed below the knee, and floating heel. Turn every 2 hours (as above), but can be to either side. Hip not to be extended past neutral. Patient should not actively abduct or externally rotate hip. Other: _____	<input type="checkbox"/> Fracture / extremity	_____	<input type="checkbox"/> Spine surgery	Position of comfort in bed. Log roll every 2 hours supine to either side. Anterior cervical fusions only: elevate head of bed 10°.
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Orthopedic Orders, Post Operative

Island Hospital

SO4001

Patient ID Sticker

		<input type="checkbox"/> Instruct patient in avoidance of bending, stooping, twisting, and lifting more than 10 pounds for the next 4-6 weeks. <input type="checkbox"/> Cervical Fusion: Complete Nurse Swallow Screen before starting PO intake.
9.	Nursing: <ul style="list-style-type: none"> • Vital Signs every 4 hours until stable, then every shift or _____ • Record neurovascular status (color, movement, pulses, sensation) of involved extremity every 4 hours. Notify physician PRN deterioration. • Record I&O and total every 8 hours, discontinue when all tubes out. • Discontinue O₂ when patient leaves PACU unless ordered by Anesthesia. • Cold packs and gel pads PRN • Voiding orders: If no void in 8 hours after surgery or after cath discontinued, bladder scan. If > 400 mL during bladder scan, re-cath with 2-way Foley. Discontinue Foley within 48 hours of Surgery unless otherwise ordered by MD with reason documented for keeping in place. May discontinue foley post-op day 1 if patient ambulating or if patient requests. • Discontinue Hemovac and/or Constavac on 2nd post-op day unless otherwise ordered. • Mobilize patient as tolerated. Nurse to assess patient prior to ambulation. May assist patient with first ambulation and/or out of bed when alert/awake and demonstrates good motor control. . • If Enoxaparin is ordered, begin patient teaching on post op day 1. <input type="checkbox"/> Institute Auto transfusion Re-infusion protocol. Attach constavac in operating room. Time activated: _____ <input type="checkbox"/> Clamped <input type="checkbox"/> Unclamped <input type="checkbox"/> Activate constavac in operating room, or <input type="checkbox"/> Activate constavac at _____ or <input type="checkbox"/> clamp _____ hours. <ul style="list-style-type: none"> • Interrupt current IV to re-infuse blood and/or start saline lock if needed. 	
10.	Schedule office appointment with:	
11.	Medications: Modify according to allergy profile	
	IV: _____ Change to Normal Saline Lock in a.m. after surgery if PO intake is adequate. Discontinue NaCl 0.9% lock 2nd post-op day. Continue IV at TKO if required for PCA x 48 hours, then discontinue. Antibiotics <ul style="list-style-type: none"> <input type="checkbox"/> Cefazolin 1 gram IV every 8 hours x 2 total doses. (First dose given in Pre-op @ _____) <input type="checkbox"/> Cefazolin 2 grams IV every 8 hours x 2 total doses. (First dose given in Pre-op @ _____) <input type="checkbox"/> Vancomycin 1 gram IV 12 hours after pre-operative vancomycin dose given @. _____ <input type="checkbox"/> Other antibiotic: _____ Anticoagulant <ul style="list-style-type: none"> <input type="checkbox"/> Aspirin EC 81 mg PO bid <input type="checkbox"/> Enoxaparin 40 mg SQ every day x 10 days. Start a.m. after surgery. (Caution: do not start heparin or enoxaparin within 8 hours of a spinal puncture.) <input type="checkbox"/> Enoxaparin 30 mg every 12 hours SQ x 10 days. Start a.m. after surgery. (Caution: do not start heparin or enoxaparin within 8 hours of a spinal puncture.) <input type="checkbox"/> Rivaroxaban (Xarelto) 10 mg PO daily (Hold 18 hours prior to epidural catheter removal. Resume no less than 6 hours after epidural catheter removal). <input type="checkbox"/> Other: _____ <p>If patient receiving CRA or Epidural analgesia, <u>hold all narcotic and acetaminophen (Tylenol) orders until catheter is removed</u></p> Patient received: <ul style="list-style-type: none"> <input type="checkbox"/> CRA <input type="checkbox"/> Epidural anesthesia <input type="checkbox"/> Spinal anesthesia given at _____ (time) <input type="checkbox"/> Docusate 100 mg PO twice a day Anti-inflammatory: _____ Other: _____	
12.	Injectable analgesics PCA per protocol x 48 hours, then discontinue	
13.	<input type="checkbox"/> Morphine Sulfate <ul style="list-style-type: none"> • 0.5 mg IV every 1 hour prn for mild (pain scale 1-3) to moderate pain (pain scale 4-7.) • 1.5 mg IV every 1 hour prn for moderate (pain scale 4-7) to severe pain (pain scale 8-10.) • 3 mg IV every 1 hour prn for severe pain (pain scale 8-10.) • If pain relief is not achieved, contact provider. 	

	<input type="checkbox"/> Dilaudid <ul style="list-style-type: none"> 0.4 mg IV every 1 hour prn for mild (pain scale 1-3) to moderate pain (pain scale 4-7.) 1.4 mg IV every 1 hour prn for moderate (pain scale 4-7) to severe pain (pain scale 8-10.) 2 mg IV every 1 hour prn for severe pain (pain scale 8-10.) If pain relief is not achieved, contact provider. <input type="checkbox"/> Oxycodone <ul style="list-style-type: none"> 5 mg 1 tab every 3 hours prn for mild (pain scale 1-3) to moderate pain (pain scale 4-7.) If pain relief not achieved, may give 1 additional tab. OR 5 mg 2 tabs every 3 hours prn for moderate (pain scale 4-7) to severe pain (pain scale 8-10.) If pain relief is not achieved, contact provider. <input type="checkbox"/> Other: _____
14.	<input type="checkbox"/> Lorazepam <ul style="list-style-type: none"> 0.5 mg PO every 6 hours prn for mild to moderate anxiety. May give an additional 0.5 mg if uncontrolled by first dose. OR 1 mg PO every 6 hours prn for moderate to severe anxiety. If anxiety is uncontrolled, contact provider.
15.	Total acetaminophen dose not to exceed 4000 mg in 24 hours <input type="checkbox"/> Acetaminophen <ul style="list-style-type: none"> 325 mg PO every 4 hours prn for headache or mild pain (pain scale 1-3.) If pain relief not achieved, may give additional 325 mg. OR 650 mg PO every 4 hours prn for headache or moderate pain (pain scale 4-7) <input type="checkbox"/> Hydrocodone <ul style="list-style-type: none"> 5 mg / acetaminophen 325 mg (Norco) 1 tab PO every 4 hours prn for moderate pain (pain scale 4-7.) If pain relief not achieved, may give 1 additional tab. OR 5 mg / acetaminophen 325 mg (Norco) 2 tabs PO every 4 hours prn for moderate (pain scale 4-7) to severe pain (pain scale 8-10) <input type="checkbox"/> Oxycodone <ul style="list-style-type: none"> 5 mg / acetaminophen 325 mg (Percocet) 1 tab PO every 4 hours prn for moderate pain (pain scale 4-7.) If pain relief not achieved, may give 1 additional tab. OR 5 mg / acetaminophen 325 mg (Percocet) 2 tabs PO every 4 hours prn for severe pain (pain scale 8-10)
16.	<input type="checkbox"/> Hydroxyzine <ul style="list-style-type: none"> 25 mg IM or PO every 4 hours prn for mild to moderate nausea/vomiting, spasm and/or agitation. If not resolved with first dose, may give an additional 25 mg. OR 50 mg IM or PO every 4 hours prn for moderate to severe nausea/vomiting, spasm and/or agitation <input type="checkbox"/> Metoclopramide <ul style="list-style-type: none"> 10 mg IV every 6 hours prn for nausea/vomiting
17.	<input type="checkbox"/> Diphenhydramine <ul style="list-style-type: none"> 25 mg IV or PO every 6 hours prn for mild to moderate erythema, urticaria or pruritus. If not resolved with first dose, may give an additional 25 mg. OR 50 mg IV or PO every 6 hours prn for moderate to severe erythema, urticaria or pruritus. <input type="checkbox"/> Hydrocortisone cream 1% <ul style="list-style-type: none"> Apply to involved area every 6 hours PRN urticaria and/or pruritus.
18.	<input type="checkbox"/> Zolpidem 5 mg PO every HS as needed for sleep
19.	<input type="checkbox"/> Antacid: Aluminum/magnesium hydroxide (Maalox) 30 ml PO QID prn for indigestion <input type="checkbox"/> Laxative: <ul style="list-style-type: none"> 1st MOM 30 ml PO every HS. Hold if patient has a BM. 2nd Dulcolax 10 mg suppository prn for constipation 3rd Fleets enema prn for constipation
20.	Beta Blocker: <input type="checkbox"/> If patient currently taking Beta Blocker at home, please give: _____ (usual dose).

21.	10-Point pain scale to assess the patient's pain level. <ul style="list-style-type: none">• Pain score 1-3 (mild pain): Administer lowest dosage.• Pain score 4-7 (moderate pain): Administer middle dosage or the lowest dosage that has been previously effective.• Pain score 8-10 (severe pain): Administer highest dosage.
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Healthcare Provider Signature

Date/Time