		attach patient label h
	hodict	Physician Orders
Lebonne		Care Set: ENT Adult Post Op Orders
	ADULT	[X or R] = will be ordered unless marked out.
lo i alb ti	ana Maiahti	T= Today; N = Now (date and time ordered)
Height:	_cm Weight:	kg
Allergies:	(a):	[] No known allergies
]Medication allergy		
] Latex allergy	[]Other:	Admission/Transfor/Dischange
[] Notify physici		Admission/Transfer/Discharge T;N, of room number on arrival to unit
[] Notify physicia	an once	
Primary Diagnosis:		
Secondary Diagnosis	j	Vital Ciana
		Vital Signs
[X] Vital Signs	nunication	T;N, Monitor and Record T,P,R,BP, per postop routine
[] Nursing Comr	nunication	T;N, major vision check q1h x 4hr postop ENT surgery
	ctivity As Tolerated)	Activity T;N
[] Out Or Bed (A		T;N
	r	Food/Nutrition
[] Clear Liquid D	liot	Start at: T;N
[] Advance Diet		,
	AS TOIETALEU	T;N, Advance diet from clear liquid to soft as tolerated as rapidly as possible
[] Elevate Head	Of Pod	Patient Care
[] Avoid (Do Not		T;N, 35 degrees
)	T;N, Avoid Nose Picking or Blowing T;N, For 8 hr, Nose, Ice Pack
[] Cold Apply	iont	T;N, when fully reactive
[] Discharge Pat		
[] Discharge Ins		T;N, soft diet, activity limited, medications T:N
[] Intake and Ou	•	
[] Cold Apply (IC	e Pack Apply)	T;N, PRN, ICE Collar, for aches and pain
		T;N, 30 -70 degrees
[] Dressing Care		T;N, PRN, change drip pad when damp
[] Nursing Comr	nunication	T;N, encourage PO fluids Respiratory Care
L 1 Easo Topt (O	(urgen Eage Tent)	T;N, Special Instructions: 40% with humidity
	(ygen-Face Tent)	Continuous Infusions
	oride (1/2NS in D5W	1000 mL,IV,Routine,T;N, mL/hr
[] potassium chl KCl 10 mEq)		1000 mL,10,Kouline,1,N, mL/m
		Medications
	n-hydrocodone	INICUICATIONS
·	en-hydrocodone 500	
mg-5 mg oral		
[] morPHINE	ເລຍເບັ	2 mg,Injection,IV push,q3h,PRN Pain, Severe (8-10),Routine,T;N
[] ondansetron		4 mg,Tab,PO,bid,PRN Nausea/Vomiting,Routine,T;N
NOTE:		For patients with PE Tubes in ears order the following:
	(ofloxacin otic 0.3%	5 drop,Otic Soln/Sus,Both Ears,bid,Routine,T;N
[] ofloxacin otic solution)	011070011 0110 0.3%	
(Solution)		Laboratory
		Diagnostic Tests
		Consults/Notifications

Date

Time

Physician's Signature