Methodist Healthcare

(Place Patient Identification Sticker Here)

HT: _____ cm

WT: _____ kg

ALLERGY: _____

POST-OP ORDERS AM ADMIT

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
1.	[ ] **Admit inpatient status**		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
			Post-Operative Notes Dictated
2.	NPO until _____		**[ ] Yes [ ] No**
3.	IV Fluids		***IMMEDIATE POST OP NOTE**
	[ ] LR at 45mL/h		***Required**
			Pre-Operative Diagnosis:
4.	V/S Q 30 minutes until stable, thereafter every		
	2 hours		*Post Operative Diagnosis:
5.	Encourage patient to cough and deep breathe.		*Procedure/Description:
6.	Incentive Spirometer every 2 hours while awake		*Surgeon:
7.	I & O every 4 hours		*Assistant(s) – None unless otherwise documented:
8.	( ) Up to bedside twice per shift per nurse		*EBL (Estimated Blood Loss) – None unless
	( ) Out of bed to chair in AM		otherwise documented:
	( ) Ambulate twice per shift per nurse.		<10cc
			[ ] Other _____
9.	Measure and place Abdominal Binder		*Specimens removed – None unless otherwise
			documented:
10.	No smoking.		[ ] Other _____
11.	O2		_____
	[ ] 2L		*Finding(s):
	[ ] 3L		
	[ ] 4L		Complications:
12.	Famotidine (Pepcid) 20mg IV every 12 hours		
	Physician Signature _____		Physician Signature _____
	Physician ID# _____		Physician ID# _____
	Date _____ Time _____		Date _____ Time _____