**Physician Orders ADULT**

**Order Set: Orthopedic SDS Postop Orders**

[R] = will be ordered  
T = Today; N = Now (date and time ordered)

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**Allergies:**
- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy  
- [ ] Other:

**Admission/Transfer/Discharge**

- [ ] Return Patient to Room  
  T;N
- [ ] Transfer Patient  
  T;N
- [ ] Notify physician once  
  T;N, of room number on arrival to unit

**Primary Diagnosis:** _____________________________________________________

**Secondary Diagnosis:** ___________________________________________________

**Vital Signs**

- [ ] Vital Signs  
  T;N, Monitor and Record T,P,R,BP, Routine, per PACU vital signs, then to Same Day Surgery
- [ ] Vital Signs  
  T;N, Monitor and Record T,P,R,BP, Routine

**Activity**

- [ ] Turn  
  T;N, Routine, q2h(std)
- [ ] Out of Bed  
  T;N, Assistance Level _______________
- [ ] Dangle At Bedside  
  T;N
- [ ] Bedrest  
  T;N
- [ ] Bedrest w/BRP  
  T;N
- [ ] Ambulate  
  T;N

**Patient Care**

- [ ] Nursing Communication  
  T;N, Discontinue IV fluids when stable
- [ ] Discharge When Meets Criteria  
  T;N, discharge from SDS and provide Discharge Instruction sheet

**Continuous Infusions**

- [ ] Dextrose 5% in Water 1,000 mL, IV, Routine, T;N, 100 mL/hr
- [ ] Dextrose 5% in Lactated Ringers Injecto (DSL) 1,000 mL, IV, Routine, T;N, 100 mL/hr
- [ ] Dextrose 5% with 0.45% NaCl 1,000 mL, IV, Routine, T;N, 100 mL/hr
- [ ] Sodium Chloride 0.9% 1,000 mL, IV, Routine, T;N, 100 mL/hr
- [ ] Sodium Chloride 0.45% 1,000 mL, IV, Routine, T;N, 100 mL/hr
- [ ] Lactated Ringers (LR) 1,000 mL, IV, Routine, T;N, 100 mL/hr

**Medications**

- [ ] acetaminophen-hydrocodone 325 mg-5 mg oral tablet  
  1 tab, PO, q4h, PRN Pain, Moderate (4-7)
- [ ] morPHINE  
  2 mg, Injection, IM, q4h, PRN Pain, Mild (1-3), Routine
- [ ] morPHINE  
  4 mg, Injection, IM, q4h, PRN Pain, Moderate (4-7), Routine
- [ ] morPHINE  
  8 mg, Injection, IM, q4h, PRN Pain, Severe (8-10), Routine, Call MD if pain unrelieved
- [ ] promethazine  
  12.5 mg, Injection, IM, q4h, PRN Nausea, Routine, T;N

**Date** | **Time** | **Physician’s Signature** | **MD Number**
---|---|---|---

ORTHO Orthopedic SDS Postop - 21805-QM1008-Ver5- 112211