

attach patient label here



Physician Orders ADULT
Order Set: Orthopedic SDS Postop Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, Routine, per PACU vital signs, then to Same Day Surgery
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, Routine
Activity		
<input type="checkbox"/>	Turn	T;N, Routine, q2h(std)
<input type="checkbox"/>	Out of Bed	T;N, Assistance Level _____
<input type="checkbox"/>	Dangle At Bedside	T;N,
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Bedrest w/BRP	T;N
<input type="checkbox"/>	Ambulate	T;N
Patient Care		
<input type="checkbox"/>	Nursing Communication	T;N, Discontinue IV fluids when stable
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, discharge from SDS and provide Discharge Instruction sheet
Continuous Infusions		
<input type="checkbox"/>	Dextrose 5% in Water	1,000 mL,IV,Routine,T;N,100 mL/hr
<input type="checkbox"/>	Dextrose 5% in Lactated Ringers Injectio (D5LR)	1,000 mL,IV,Routine,T;N,100 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1,000 mL,IV,Routine,T;N,100 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL,IV,Routine,T;N,100 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL,IV,Routine,T;N,100 mL/hr
<input type="checkbox"/>	Lactated Ringers (LR)	1,000 mL,IV,Routine,T;N,100 mL/hr
Medications		
<input type="checkbox"/>	acetaminophen-hydrocodone 325 mg-5 mg oral tablet	1 tab, PO, q4h, PRN Pain, Moderate (4-7)
<input type="checkbox"/>	morPHINE	2 mg, Injection, IM, q4h, PRN Pain, Mild (1-3), Routine
<input type="checkbox"/>	morPHINE	4 mg, Injection, IM, q4h, PRN Pain, Moderate (4-7), Routine
<input type="checkbox"/>	morPHINE	8 mg, Injection, IM, q4h, PRN Pain, Severe (8-10), Routine, Call MD if pain unrelieved
<input type="checkbox"/>	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

