Physician Orders ADULT: Ortho Total Joint Plan

Initiate Orders Phase
Non Categorized
R  Powerplan Open

Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: Ortho Total Joint Preop Phase, When to Initiate: Other-See Special Instructions, initiate when patient arrives on day of surgery
☐ Initiate Powerplan Phase
  Phase: Ortho Total Joint PACU Phase, When to Initiate: When patient arrives in PACU
☐ Initiate Powerplan Phase
  Phase: Ortho Total Joint Post Op Phase, When to Initiate: When patient returns to room post op, from PACU
☐ Initiate Powerplan Phase
  Phase: Ortho Total Joint Pain Floor Phase, When to Initiate: Other-See Special Instructions, when pain catheter has been removed

Ortho Total Joint Preop Phase
Non Categorized
☐ Add To Problem List
  Problem: S/P total hip
☐ Add To Problem List
  Problem: S/P total knee
☐ Add To Problem List
☐ Pre Op Diagnosis/Reason

Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  T,N, Reason for Visit: Total Joint Surgery, Bed Type: Other - see Special Instructions, Unit Location: Total Joint Center
☐ Outpatient Patient Status Initial
  T,N Attending Physician: ________________________________
  Reason for Visit: ____________________________________
  Bed Type: _________________________ Specific Unit: _____________________
  Outpatient Status/Service: OP-Ambulatory Surgery

Vital Signs
☑ Vital Signs
  ☐ Monitor and Record T,P,R,BP, q4h(std) (DEF)*
  ☐ Monitor and Record T,P,R,BP, q2h(std), if in critical care

Food/Nutrition
☑ NPO
  Instructions: NPO except for medications Instructions: NPO except for sips of water

Patient Care
☑ Nursing Communication
  verify current H&P on chart
☐ Instruct/Educate
  ☐ Instruct: Patient and Family, Method: Provide Pamphlet, Topic: Total Hip Replacement (DEF)*
  ☐ Instruct: Patient and Family, Method: Provide Pamphlet, Topic: Total Knee Replacement
  ☐ Instruct: Patient and Family, Method: Provide Pamphlet, Topic: Shoulder Replacement

☐ Preop Clip Hair at Operative Site
  location: ____________________
☐ Consent Signed For
Physician Orders ADULT: Ortho Total Joint Plan

- T:N, Procedure: Right total hip arthroplasty (DEF)*
- T:N, Procedure: Left total hip arthroplasty
- T:N, Procedure: Right partial hip
- T:N, Procedure: Left partial hip
- T:N, Procedure: Right total knee arthroplasty
- T:N, Procedure: Left total knee arthroplasty
- T:N, Procedure: Right shoulder arthroplasty
- T:N, Procedure: Left shoulder arthroplasty

- Indwelling Urinary Catheter Insert-Follow Removal Protocol
  Foley to gravity, To be placed while in pre procedure area.

Nursing Communication
- Nursing Communication
  prior to sedation, physician/designee to verify operative extremity by marking the operative extremity with physician's/designee's initials
- Nursing Communication
  Perform In and Out Cath for Urinalysis if previously collected voided or clean catch midstream specimen was not negative for Protein, RBC, WBC, Bacteria, Leukocyte Esterase and/or Nitrites. Must be In & Out Cath only!

Medications
- +1 Hours acetaminophen
  975 mg, PO, OnCall
  Comments: On Call to O.R
- ceFAZolin
  2 g, IV Piggyback, IV Piggyback, N/A
  Comments: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.
- +1 Hours vancomycin
  15 mg/kg, IV Piggyback, IV Piggyback, N/A, (infuse over 1 hr)
  Comments: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. Max Dose= 2Gm
  If greater than 120 kg, choose both orders below:(NOTE)*
- +1 Hours ceFAZolin
  3 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose ), start no earlier than 1 hr prior to incision
  Comments: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.
- +1 Hours vancomycin
  15 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose ), start no earlier than 2 hrs prior to incision
  Comments: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. Max Dose= 2Gm
  If documented beta-lactam allergy, choose antibiotic below:(NOTE)*
- +1 Hours vancomycin
  15 mg/kg, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose ), start no earlier than 2 hrs prior to incision,
  Comments: start no earlier than 2 hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. Max Dose= 2Gm

Laboratory
- Do not order if tests have already been completed as prior to date of admission:(NOTE)*
- CBC
  Routine, T;N, once, Type: Blood
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- **BMP**
  - Routine, T;N, once, Type: Blood

- **Urinalysis w/Reflex Microscopic Exam**
  - Routine, T;N, once, Type: Urine, Nurse Collect

- **Type and Crossmatch PRBC**
  - Routine, T;N, 1 units, Type: Blood (DEF)*
  - Comments: give autologous or directed donor if available
  - Routine, T;N, 2 units, Type: Blood
  - Comments: give autologous or directed donor if available
  - Routine, T;N, 4 units, Type: Blood
  - Comments: give autologous or directed donor if available

- **Transfuse PRBC's - Not Actively Bleeding**
  - Routine, T;N

- **Transfuse PRBC's - Actively Bleeding**
  - Routine, T;N

- **Hold PRBC**
  - Routine, T;N, Reason: On Hold for OR

**Diagnostic Tests**
- Do not order if patient has already been cleared as outpatient(NOTE)*

- **EKG**
  - Start at: T;N, Priority: Routine, Reason: Other, specify, preop total joint surgery
  - Comments: Reason for exam: Pre-Operative Cardiovascular Exam

- **Chest 2 Views**
  - T;N, Routine, Stretcher

**Consults/Notifications/Referrals**
- **Physician Group Consult**
  - Group: Medical Anesthesia Group, Reason for Consult: for preoperative pain block

**Ortho Total Joint PACU Phase**
**Admission/Transfer/Discharge**
- **Return Patient to Room**
  - T;N
  - Comments: References and PACU discharge criteria are located on MOLLI.

- **Transfer Pt within current facility**
  - Level of Care: Med-Surg, To Orthopedic floor, once stable per PACU criteria
  - Comments: References and PACU discharge criteria are located on MOLLI.

**Vital Signs**
- **Neurovascular Checks**
  - q15 minutes during Phase I and q30 minutes during Phase II, (PACU order)

**Nursing Communication**
- **Nursing Communication**
  - Foley to gravity (PACU order)

**Laboratory**
- **Hct**
  - STAT, T;N, once, Type: Blood

**Diagnostic Tests**
- **Knee 1/2 VW LT**
  - T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  - Comments: immediate postop knee

- **Knee 1/2 VW RT**
  - T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  - Comments: immediate postop knee
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☐ Hip Uni 1 VW LT
  *T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: immediate postop hip

☐ Hip Uni 1 VW RT
  *T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: immediate postop hip

☐ Shoulder Comp 2+VW LT
  *T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: immediate post op shoulder

☐ Shoulder Comp 2+VW RT
  *T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: immediate post op shoulder

Ortho Total Joint Postop Phase
Admission/Transfer/Discharge
☐ Return Patient to Room
  *T;N

☐ Transfer Pt within current facility

Vital Signs
☑ Vital Signs
  ☑ Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse,
    q30mins ×2; P,R, BP q1h x2; P,R, BP q4h x 6; Temperature on admission to unit and q4h x 6
    (DEF)*
  ☑ Monitor and Record T,P,R,BP, q2h x 8 hours, then q-shift

☑ Neurovascular Checks
  q30 min x 2, then q1h x 2, then q4h x6

Activity
☑ Turn
  q2hr without fail

☑ Out Of Bed
  ☑ Up To Bedside Commode (DEF)*
  ☑ Up To Chair
  ☑ Up To Stroke Chair
  ☑ Up Ad Lib, including weekends

☐ Bedrest
  for ___ hours (DEF)*
  until assessed by physical therapy

☐ Dangle At Bedside
  Night of surgery

Food/Nutrition
☐ Clear Liquid Diet
  Start at: T;N

☐ Full Liquid Diet
  Start at: T;N

☑ Regular Adult Diet

☑ Consistent Carbohydrate Diet
  ☐ Caloric Level: 1800 Calorie (DEF)*
  ☐ Caloric Level: 2000 Calorie
  ☐ Caloric Level: 2200 Calorie

Patient Care
Physician Orders ADULT: Ortho Total Joint Plan

- **INT Insert/Site Care**
  - q4day, start INT
- **Advance Diet As Tolerated**
- **CPM Machine Apply**
  - Apply To Affected Extremity, ______ degrees, while in bed.
- **Arthroplasty Precautions**
  - Routine, no flexion greater than or equal to 90 degrees, no hip adduction, and no internal rotation
- **Immobilizer Apply**
  - Right Knee, in bed (DEF)*
  - Left Knee, in bed
  - Right Knee, with ambulation
  - Left Knee, with ambulation
- **Abduction Pillow Apply**
  - Routine, when in bed; keep wedge between legs
- **Weight Bearing Status**
  - Status: To Tolerance (DEF)*
  - Status: Touch Down
  - Status: No Weight Bearing
- **Trapeze Bar Apply**
  - Routine, without fail
- **Incentive Spirometry NSG**
  - q1h-Awake
- **Drain Care**
  - Empty hemovac/JP and record output q8h
- **ATS Knee System**
  - T,N, for 48 hours
- **Instruct/Educate**
  - Provide teaching materials and document.; Total Joint Hip
- **In and Out Cath**
  - q6h PRN if unable to void, after Foley has been discontinued
- **Continue Foley Per Protocol**
- **Foley Care**
  - q-shift, PRN
- **Foley Remove**
  - Remove post day # _______, may reinsert if unable to void after _______ I/O
- **Ankle Pumps**
  - have patient repeat 10 times per hour while awake
- **Cold Apply**
  - Apply to: affected extremity, Apply Method: Cold Therapy Knee/Shoulder System

**Nursing Communication**
- Nursing Communication
  - do not turn to the operative side
- Nursing Communication
  - If patient has tunneled nerve catheter, Anesthesia will manage the pain orders until nerve catheter is discontinued
- Nursing Communication
  - If blood products are given, place order for STAT Hct after transfusion is given.

**Respiratory Care**
Attach patient label here

Physician Orders ADULT: Ortho Total Joint Plan

- **O2-BNC**
  - 2 L/min, Special Instructions: titrate to keep O2 =/> 92%

### Continuous Infusion
- **+1 Hours** Dextrose 5% in Lactated Ringers Injection
  - 1,000 mL, IV, Routine, 50 mL/hr
- **+1 Hours** Dextrose 5% with 0.45% NaCl
  - 1,000 mL, IV, Routine, 50 mL/hr
- **+1 Hours** Lactated Ringers Injection
  - 1,000 mL, IV, Routine, 50 mL/hr
- **+1 Hours** Normal Saline
  - 1,000 mL, IV, Routine, 50 mL/hr
- **+1 Hours** Sodium Chloride 0.45%
  - 1,000 mL, IV, Routine, 50 mL/hr

### Medications
- **VTE ORTHO SURGICAL Prophylaxis Plan**(SUB)*
- **Insulin SENSITIVE Sliding Scale Plan**(SUB)*
- **Insulin STANDARD Sliding Scale Plan**(SUB)*
- **Insulin RESISTANT Sliding Scale Plan**(SUB)*
  - If patient has tunneled nerve catheter, Anesthesia will manage the pain orders until nerve catheter is discontinued%(NOTE)*
- **+1 Hours** acetaminophen
  - 650 mg, Tab, PO, q6h, PRN Headache or Fever, Routine
  - If no history of peptic ulcer disease, GI bleed or renal insufficiency, complete Ketorolac order below:(NOTE)*
  - If age greater than or equal to 65 or weight less than 50Kg, place Ketorolac 15mg order dose below, otherwise use Ketorolac 30mg dose.(NOTE)*
- **+1 Hours** ketorolac
  - 30 mg, Injection, IV Push, q6h, Routine, (48 hr) (DEF)*
  - 15 mg, Injection, IV Push, q6h, Routine, (48 hr)
- **+1 Hours** vancomycin
  - 15 mg/kg, IV Piggyback, IV Piggyback, once, Routine
  - Comments: time post op dose 12 hours after preop dose
  - Select below to document contraindication%(NOTE)*
- **+8 Hours** cefAZolin
  - 2 g, IV Piggyback, IV Piggyback, once, Routine
  - Comments: time first of post op doses 8 hours after preop dose
  - Note: If greater than 120 kg, choose both orders below:(NOTE)*
- **+8 Hours** cefAZolin
  - 3 g, IV Piggyback, IV Piggyback, once, Routine
  - Comments: time first of post op doses 8 hours after preop dose
  - **+1 Hours** vancomycin
  - 15 mg/kg, IV Piggyback, IV Piggyback, once, Routine
  - Comments: time post op dose 12 hours after preop dose
  - NOTE: If documented Beta Lactam Allergy, choose antibiotic below:(NOTE)*
- **+1 Hours** vancomycin
  - 15 mg/kg, IV Piggyback, IV Piggyback, once, Routine, (for 1 dose)
  - Comments: time post op dose 12 hours after preop dose

*NOTE: If documented Beta Lactam Allergy, choose antibiotic below:(NOTE)*
Physician Orders ADULT: Ortho Total Joint Plan

- Indications-Continuing Antibiotics beyond 24 hours
  T;N
- Laxative of Choice Orders Plan(SUB)*
- +1 Hours Al hydroxide/Mg hydroxide/simethicone
  15 mL, Oral Susp, PO, q6h, PRN Gas, Routine
- +1 Hours multivitamin
  1 tab, Tab, PO, QDay, Routine
- +1 Hours aspirin
  325 mg, DR Tablet, PO, QDay, Routine
  Comments: Aspirin for VTE Prophylaxis
- +1 Hours docusate
  100 mg, Cap, PO, QDay, Routine
  celecoxib (CeleBREX) contraindicated if patient on ketorolac or other NSAIDS(NOTE)*
- +1 Hours CeleBREX
  100 mg, Cap, PO, bid, ( 48 hr )

Laboratory
- Hct
  Routine, T;N, qam x 3 day, Type: Blood
- Nursing Communication
  If hematocrit less than 24%, auto transfuse 1 unit and repeat hematocrit
  If Ketorolac is ordered above, must order both creatinine level orders below:(NOTE)*
- Creatinine
  STAT, T;N, once, Type: Blood
- Creatinine
  Time Study, T;N, qam x 2 occurrence, Type: Blood
- CBC
  Time Study, T;N, qam x 3 day, Type: Blood
- CMP
  Routine, T;N, once, Type: Blood
- BMP
  Routine, T+1;0400, qam x 3 day, Type: Blood
- Magnesium Level
  Routine, T;N, once, Type: Blood
- Phosphorus Level
  Routine, T;N, once, Type: Blood
- If patient on warfarin, order PT order below:(NOTE)*
- PT/INR
  Time Study, T;N, qam, Type: Blood
- Nursing Communication
  If blood products are given, place order for STAT Hct after transfusion is given.
- Type and Crossmatch PRBC
  Routine, T;N, Type: Blood
- Crossmatch Additional Units
  Routine, T;N
- Transfuse PRBC's - Not Actively Bleeding
  Routine, T;N
- Transfuse PRBC's - Actively Bleeding
  Routine, T;N
- Hold PRBC
  Routine, T;N, Reason: On Hold for OR
Consults/Notifications/Referrals

☑ PT Initial Evaluation and Treatment
☑ OT Initial Evaluation and Treatment
☐ Physician Consult
  Reason for Consult: Reason: medical management
☐ Physician Group Consult
  Reason for Consult: ___________________ Group: ________________________
☐ Consult Case Management
  Reason for Consult: ______________________
☐ Consult Medical Social Work
  Reason: Assistance at Discharge

Ortho Total Joint Pain Floor Phase

Nursing Communication

☑ Nursing Communication
  If patient has tunneled nerve catheter, Anesthesia will manage the pain orders until nerve catheter is discontinued

Medications

- If patient has implanted pain pump, Anesthesia will manage the pain orders until discontinued (NOTE)*
- PCA - MorPHINE Protocol Plan (Adult)(SUB)*
- PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*
- For Severe Pain choose ONE of the following orders below. (NOTE)*
  +1 Hours morphine
    2 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine
  +1 Hours HYDROmorphine
    1 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine
  For Moderate Pain choose ONE of the following orders below. (NOTE)*
  Do not exceed acetaminophen 4000mg in 24 hours. (NOTE)*
  +1 Hours acetaminophen-oxycODONE 325 mg-5 mg oral tablet
    2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
  +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
    2 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), Routine
  +1 Hours hydrOXYzine hydrochloride
    25 mg, Tab, PO, q4h, PRN Itching, Routine
  +1 Hours ondansetron
    4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
    Comments: Give first to treat nausea.
  +1 Hours prochlorperazine
    5 mg, Injection, IV Push, q4h, PRN Nausea, Routine
    Comments: Give if no relief with ondansetron.
  +1 Hours zolpidem
    5 mg, Tab, PO, hs, PRN Insomnia, Routine
    Comments: May repeat 5 mg in one hour

Consults/Notifications/Referrals

☐ Physician Group Consult
  Group: Medical Anesthesia Group, Reason for Consult: Regional Block

Date  Time  Physician’s Signature  MD Number
Physician Orders ADULT: Ortho Total Joint Plan

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required Order