

(place patient label here)

Patient Name: _____

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PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

Hip Pinning Post Op

Version 6 4/20/19

Patient Placement

General

☒ Diagnosis/Procedure: _____

Preferred Location/Unit

☒ Ortho/Neuro ☐ PCU
☐ ICU ☐ General Medical

Code Status:

☐ Full Code ☐ DNR

Limited DNR Status

- ☐ No intubation, mechanical ventilation
- ☐ No chest compressions
- ☐ No emergency medications or fluid
- ☐ No defibrillation, cardioversion
- ☐ No _____

Activity

- ☐ Lower Extremity weight-bearing as tolerated [] right leg [] left leg
- ☐ Lower Extremity partial weight bearing [] right leg [] left leg
- ☐ Lower Extremity toe touch weight bearing [] right leg [] left leg
- ☐ Lower Extremity non weight bearing [] right leg [] left leg
- ☒ Up in Chair first day post-op
- ☒ May Shower Post Op
- Cover Wound [x] Yes [] No

Equipment and Activity Aids

- ☒ Adaptive Equipment per PT
- ☒ Adaptive Equipment per OT

Nursing Orders

- ☒ Post-op vital signs (q15 min x 4, q30 min x 2, q1 hr x 4, q4 hr x 4) then per unit standard of care
- ☒ Foley Catheter with Protocol
 - [] Insert/Maintain [x] Maintain Only
 - Initiate Foley Management Protocol: [x] Yes [] No
 - Additional Instructions: Discontinue Post Op Day 1
- ☒ Initiate Straight Cath/BVI Protocol if unable to void for more than 6 hours
- ☒ Dressings Change
 - Type: [x] Dry Sterile
 - Frequency: [x] Daily [] BID [] TID [] PRN
 - Additional Instructions: _____
- ☒ Incentive spirometry every hour while awake x 48 hours then at bedside
- ☒ IF eye pain occurs, notify anesthesiologist that provided anesthesia. If unable to reach, notify on-call anesthesiologist

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- ☒ Short Confusion Assessment once a shift
- ☒ IF Short Confusion Assessment positive for delirium, notify provider
- ☒ Swallow Screening prior to oral intake. Nursing Instruction: Add to Intervention Worklist.
- ☐ Hemovac drain: maintain and monitor.
- ☐ Hemovac drain: Discontinue Post Op Day 2

Respiratory

- ☒ Oxygen Delivery RN/RT to Determine. Titrate to maintain Oxygen saturation greater than 90%

Diet

- ☒ Clear Liquid Diet
 - ☒ Advance diet as tolerated Goal diet: Regular
- Additional Instructions: Carb Controlled If patient has hx of diabetes

IV/ Line Insert and/or Maintain

- ☒ Maintain Peripheral IV
- ☒ Convert Peripheral IV to Saline Lock when antibiotics are completed
- ☒ Sodium Chloride 0.9% IV (Normal Saline Flush) 10 milliliter intravenously 2 times a day

IV Fluids - Maintenance

Sodium Chloride 0.9% IV

- ☐ 125 milliliter/hour continuous intravenous infusion then decrease rate to TKO when taking PO fluids, saline lock after antibiotics are completed

Dextrose 5% and 0.9% Sodium Chloride IV

- ☐ 125 milliliter/hour continuous intravenous infusion then decrease rate to TKO when taking PO fluids, saline lock after antibiotics are completed

Medications

Analgesics (PCA): Select one

HYDROmorphine normal saline 0.2 mg/mL (DILAUDID - PCA)

- ☐ Standard PCA

Demand dose: 0.2 milligram; Demand dose lock out: 8 minutes; Maximum doses/hour: 7 doses/hour

****D/C POST OP DAY 1****

**** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider**

morphine in normal saline 1 mg/mL (PCA)

- ☐ Standard PCA

Demand dose: 1 milligram; Demand dose lock out: 8 minutes; MAX doses/hour: 7 doses/hour

****D/C POST OP DAY 1****

**** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider**

fentaNYL in normal saline 10 micrograms/mL (PCA)

- ☐ Standard PCA

Demand dose: 10 micrograms; Demand dose lock out: 8 minutes; Maximum doses/hour: 7 doses/hour

****D/C POST OP DAY 1****

**** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider**

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Analgesics

acetaminophen 1,000 mg/100 mL (10 mg/mL) intravenous solution (TYLENOL)

- ☐ 1000 milligram injection over 15 minutes intravenously ONCE immediately post-op.
Time dose given _____. (Maximum daily dose is 4 gm and is based on all routes of administration and all products containing acetaminophen.)

acetaminophen 500 mg tablet (TYLENOL)

- ☐ 1000 milligram orally every 6 hours scheduled for 48 hours (TO START 6 HOURS AFTER IV DOSE. Maximum daily dose is 4 gm and is based on all routes of administration and all products containing acetaminophen.)

acetaminophen 500 mg tablet (TYLENOL)

- ☐ 1000 milligram orally every 6 hours as needed for mild-to-moderate pain (TO START 6 HOURS AFTER SCHEDULED DOSE IS COMPLETE. Maximum daily dose is 4 gm and is based on all routes of administration and all products containing acetaminophen.)

acetaminophen 650 mg rectal suppository (TYLENOL)

- ☐ 650 milligram suppository rectally every 4 hours as needed for mild-to-moderate pain (TO START 6 HOURS AFTER SCHEDULED DOSE IS COMPLETE. Maximum daily dose is 4 gm and is based on all routes of administration and all products containing acetaminophen.)

oxyCODONE 5 mg tablet

- ☐ 1-2 tablet orally every 3 hours as needed for breakthrough pain

Warning: Do NOT order hydrocodone/apap with acetaminophen

HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)

- ☐ 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

morphine

- ☐ 2 milligram intravenously every 4 hours as needed for severe break-through pain

Antibacterial Prophylactic Agents

No Cephalosporin Allergy and No Anaphylaxis to Penicillin:

ceFAZolin (ANCEF)

- ☐ 2 gram intravenously every 8 hours (begin 8 hours from pre-op dose) x 2 doses
For patients > 120 kg SELECT:

ceFAZolin (ANCEF)

- ☐ 3 gram intravenously every 8 hours (begin 8 hours from pre-op dose) x 2 doses

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin:

clindamycin (CLEOCIN)

- ☐ 900 milligram intravenously every 8 hours (begin 8 hours from pre-op dose) x 2 doses

Antiemetics

metoclopramide (REGLAN)

- ☐ 5 milligram orally every 4 hours as needed for nausea/vomiting
- ☐ 5 milligram intravenously every 4 hours as needed for nausea/vomiting

ondansetron (ZOFTRAN)

- ☐ 4 milligram intravenously every 4 hours as needed for nausea/vomiting

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Laxatives

docusate sodium (COLACE)

- ☒ 100 milligram orally 2 times a day. Hold for loose stools

bisacodyl (DULCOLAX)

- ☒ 5 milligram orally 2 times a day. Hold for loose stools

magnesium hydroxide (MILK OF MAGNESIA)

- ☒ 30 milliliter orally once a day, at bedtime. Begin 1st day post-op

bisacodyl 10 mg rectal suppository (DULCOLAX SUPP)

- ☒ 10 milligram rectally once post op day 2. Hold if patient has already had BM

Laboratory

CBC/AUTO DIFF

- ☐ stat
- ☐ routine @ _____
- ☐ Morning draw x 2 (POD #1 & #2)

BASIC METABOLIC PANEL

- ☐ stat
- ☐ routine @ _____
- ☐ Morning draw x 2 (POD #1 & #2)

Radiology and Diagnostic Tests

- ☒ XR Hip Unilateral 1 View
Reason for exam: Verify hip hardware placement
Additional Instructions: In recovery room
Left [] Right []
Portable: Yes [x] No []

Consults

- ☒ Consult Physiatrist. Reason for consult: Recommended Disposition and/or Rehabilitation.
- ☒ PT (Physical Therapy) Eval & Treat. Reason for consult: Gait training.
- ☒ OT (Occupational Therapy) Eval & Treat. Reason for consult: Evaluate and treat for ADL's. Begin first day post op
- ☒ Consult dietary. Reason for consult: Assess for need of high calorie diet and supplements.
- ☒ Consult Care Coordination/Transitional Planning. Reason for consult: S/P Hip Pinning

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VTE Prophylaxis

Pharmacological:

Anticoagulants-Oral

aspirin (enteric coated)

- ☐ 325 milligram orally 2 times a day -Begin tonight
- warfarin (COUMADIN)
 - ☐ 5 milligram orally once a day start on _____ ; Hold if INR > 2;
PT (PROTIME and INR) now and daily

Anticoagulants-Subcutaneous

enoxaparin (LOVENOX)

- ☐ 40 milligram subcutaneously once a day; CBC/no diff every 3 days. Pharmacy to renally dose as necessary

VTE Pharmacological Contraindications

Contraindications: SELECT ALL THAT APPLY

- ☐ Active Hemorrhage
- ☐ Severe trauma to head or spinal cord WITH hemorrhage in last 4 weeks
- ☐ Intracranial hemorrhage within the last year
- ☐ Craniotomy within last 2 weeks
- ☐ Intraocular surgery within last 2 weeks
- ☐ GI, GU hemorrhage within last month
- ☐ Thrombocytopenia (less than 50,000) or coagulopathy (PT greater than 18 seconds)
- ☐ End stage liver disease
- ☐ Active intracranial lesions/neoplasms
- ☐ Hypertensive urgency/emergency
- ☐ Post-operative bleeding concerns: scheduled to return to OR within the next 24 hours
- ☐ History of immune mediated heparin-induced thrombocytopenia
- ☐ Epidural analgesia with spinal catheter (current or planned)
- ☐ Other: _____

Mechanical:

- ☒ Apply Sequential compression device (SCD)
- ☐ Apply Arterial venous impulses (AVI)
- ☒ Apply knee high compression stockings
- ☐ Apply thigh high compression stockings

VTE Mechanical Contraindications

Contraindications: SELECT ALL THAT APPLY

- ☐ Bilateral lower extremity trauma
- ☐ Bilateral lower extremity amputee
- ☐ Other: _____

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Provider Signature: _____ Date: _____ Time: _____