

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (√)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

## Hip/Knee/Ankle Arthroscopy Post Op

Version 1 2/2/2016

### General

- Diagnosis/Procedure: \_\_\_\_\_
- Up with Assistance as needed
- Lower Ext Weight-bearing Status  
Left Leg: [ ] Non Weight Bearing [ ] Partial [ ] Toe Touch [ ] Heel Touch [ ] As tolerated  
Right Leg: [ ] Non Weight Bearing [ ] Partial [ ] Toe Touch [ ] Heel Touch [ ] As tolerated
- May Shower Post Op  
Begin: \_\_\_\_\_  
Cover Wound [ ] Yes [ ] No  
Keep Splint/Cast Dry (if present)  
Once drain is removed (if present)

### Equipment and Activity Aids

- Knee Immobilizer, hinged [ ] Apply/Maintain [ ] Maintain Only  
[ ] Left [ ] Right  
[ ] Advance 10 degrees every 2-3 hours up to 90 degrees as tolerated  
[ ] Keep immobilizer locked in full extension at all times
- Walking Boot  
Location: \_\_\_\_\_  
Type: \_\_\_\_\_  
Additional Instructions: \_\_\_\_\_
- Adaptive Equipment  
Type: [ ] Crutches [ ] Front Wheeled Walker [ ] Wheelchair [ ] Other \_\_\_\_\_  
Additional Instructions: \_\_\_\_\_

### Nursing Orders

- Post-op vital signs (Q15 Min X4, Q30 Min X2, Q1H X 4, Q4H X 4) then per unit standard of care
- Incentive spirometry every hour while awake x 48 hours
- Apply ice pack to \_\_\_\_\_
- Elevate affected extremity, gatch foot of bed
- Apply thigh high graduated compression stockings to [ ] right [ ] left
- IF eye pain occurs Notify anesthesiologist that provided anesthesia, if unable to reach notify on-call anesthesiologist
- Discharge when stable and criteria met [Medication Reconciliation must be completed prior to discharge]  
Discharge criteria:  
Patient is easily awakened by normal or softly spoken verbal communication;  
Patient is oriented when awake as appropriate for age;  
Vital signs within pre-procedure levels and cardiac rhythm stable;  
There is no significant risk of losing protective reflexes;  
Patient is able to maintain pre-procedure mobility;  
Pain is controlled  
Additional Criteria: \_\_\_\_\_

Initials \_\_\_\_\_

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**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: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**IV Fluids - Maintenance**

- Continue OR IV fluid; DC IV in PACU  
Dextrose 5% and 0.9% Sodium Chloride IV
- 125 milliliter/hour continuous intravenous infusion DC IV in PACU

**Medications**

- oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)
  - 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain
- HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)
  - 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

- For meniscal repair, lateral release, and plug transplant SELECT:

cephalexin (KELFEX)

- 250 milligram orally every 8 hours for 3 doses

morphine

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_