

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

**Orthopedic Lower Ext Post Op
Patient Placement**

Version 4 4/29/19

General

Diagnosis/Procedure: _____

Preferred Location/Unit

Ortho/Neuro General Medical PCU ICU

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

Up with Assistance as needed

May ambulate

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: Once drain(s) discontinued (if present)

Cover Wound Yes No

Keep Splint/Cast Dry (if present)

Equipment and Activity Aids

Apply knee immobilizer, hinged

Left Right

Advance 10 degrees every 2-3 hours up to 90 degrees as tolerated

Keep immobilizer locked in full extension at all times

Brace Apply/Maintain Maintain Only

Location: _____ Type: _____ Additional Instructions: _____

Splint Apply/Maintain Maintain Only

Location: _____ Type: _____ Additional Instructions: _____

Immobilizer Apply/Maintain Maintain Only

Location: _____ Type: _____ Additional Instructions: _____

Apply traction

Location: _____ Type: _____ Pounds of Traction: _____

Additional Instructions: _____

Walking Boot Apply/Maintain Maintain Only

Location: _____ Type: _____ Additional Instructions: _____

Walking Shoe Apply/Maintain Maintain Only

Location: _____ Type: _____ Additional Instructions: _____

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- Walking Sandal [] Apply/Maintain [] Maintain Only
Location: _____ Type: _____ Additional Instructions: _____
- Rooke Boots [] Apply/Maintain [] Maintain Only
Additional Instructions: _____
- Adaptive Equipment
Type: [] Cane [] Crutches [] Front Wheeled Walker [] Wheelchair [] Reacher [] Sock
Donner [] 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
- Monitor CSM (Color/Sensation/Movement) to affected extremity with Post Op Vital Signs (Q15 Min X4, Q30 Min X2, Q1H X 4, Q4H X 4)
- Intake and output per unit standard
- Incentive spirometry every hour while awake x 48 hours
- Apply ice pack to _____
- Elevate Affected Extremity
Additional Instructions: _____
- Cryo Cuff
- 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 PRN if unable to void for more than 6 hours
- Incision Care
Type: _____
Location: _____
Care Frequency: _____
- Dressings Change
Type: [] Dry Sterile [] Wet to Dry [] With Packing
Begin: _____
Frequency: [] Daily [] BID [] TID [] PRN
Additional Instructions: _____
- Hemovac
Sutured in Place: [] Yes [] No
Empty and Record Output: every shift
Discontinue Drain: _____
- Jackson Pratt
Sutured in Place: [] Yes [] No
Empty and Record Output: every shift
Discontinue Drain: _____
- IF eye pain occurs Notify anesthesiologist that provided anesthesia, if unable to reach notify on-call anesthesiologist
- Swallow Screening prior to oral intake. Nursing Instruction: Add to Intervention Worklist.
- Other: _____

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Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- Other: _____

Diet

- Clear Liquid Diet
- Advance diet as tolerated Goal diet: Regular Diet Additional Instructions: Carb Controlled if Pt has hx of diabetes
- NPO (diet) [] Enter Time: _____ [] Midnight [] Now
- NPO Modifications: [] Except Meds [] Strict [] With Ice Chips [] With Sips
- Other: _____

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain
- Convert Peripheral IV to Saline Lock when patient taking adequate oral fluids and tolerating oral pain medications

IV Fluids - Generic Volume Bolus

IV Fluid-Bolus

- Fluid: _____ Additive: _____

Volume to Infuse: _____ Rate: _____

Duration (If rate not entered): _____

IV Fluids - Maintenance

Lactated Ringers IV

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

Sodium Chloride 0.9% IV

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

Dextrose 5% and 0.45% Sodium Chloride IV

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

- Select this fluid for IV solution not listed above

IV Fluid-Maintenance

- Fluid: _____ Additive: _____

Rate: 125 mL/hr Duration (If rate not selected): _____

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Medications

Analgesics

acetaminophen 325 mg tablet (TYLENOL)

- 650 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

acetaminophen (TYLENOL)

- 650 milligram suppository rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)

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

oxyCODONE-acetaminophen 7.5 mg-325 mg tab (PERCOCET)

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

oxyCODONE-acetaminophen 10 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

HYDROcodone-acetaminophen 7.5 mg-325 mg tab (NORCO)

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

HYDROcodone-acetaminophen 10 mg-325 mg tab (NORCO)

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

oxyCODONE 5 mg tablet

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

morphine

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

Patient-Controlled Analgesia (PCA): Select one

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

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

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

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infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider

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 24 hours

- For patients > 120 kg SELECT:

ceFAZolin (ANCEF)

3 gram intravenously every 8 hours (begin 8 hours from pre-op dose) x 24 hours

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

clindamycin (CLEOCIN)

900 milligram intravenously every 8 hours x 24 hours (from pre-op dose)

Antiemetics

metoclopramide (REGLAN)

10 milligram orally every 4 hours as needed for nausea/vomiting

metoclopramide (REGLAN)

10 milligram intravenously every 4 hours as needed for nausea/vomiting

ondansetron (ZOFRAN)

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

Miscellaneous

alum-mag hydroxide-simeth (MINTOX)

15-30 milliliter orally every 4 hours as needed for dyspepsia

docusate sodium (COLACE)

100 milligram orally 2 times a day Hold for loose stools

Laboratory

HH (HGB & HCT)

stat routine @_____ Morning Draw

CBC/AUTO DIFF

stat routine @_____ Morning Draw

BASIC METABOLIC PANEL

stat routine @_____ Morning Draw

Consult Provider

- Provider to provider notification preferred.

Consult other provider _____

regarding _____ Does nursing need to contact

consulted provider? [] Yes [] No

Consult Hospitalist regarding _____ Does

nursing need to contact consulted provider? [] Yes [] No

Consult Department

PT Physical Therapy Eval & Treat Reason for consult: _____

Begin: _____

OT Occupational Therapy Eval & Treat Reason for consult: _____

Begin: _____

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VTE Prophylaxis

Pharmacological Select one medication or contraindication

Anticoagulants Oral

aspirin (enteric coated)

- 325 milligram orally 2 times a day -Begin tonight

warfarin (COUMADIN) without loading dose

warfarin (COUMADIN)

- 5 milligram orally once a day start on _____ ; PT(PROTIME and INR)now and daily

Anticoagulants Subcutaneous

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day ; CBC no diff every 3 days

enoxaparin (LOVENOX)

- 30 milligram subcutaneously once a day ; CBC no diff every 3 days

- Impaired renal function- GFR less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 8 hours ; CBC no diff every 3 days

- 5,000 unit subcutaneously every 12 hours ; CBC no diff every 3 days

fondaparinux (ARIXTRA)

- 2.5 milligram subcutaneously once a day ; CBC no diff every 3 days

- DO NOT USE if GFR less than 30mL/min

- Select ONLY IF suspected or known history of heparin induced thrombocytopenia (HIT) OR allergy or enoxaparin (LOVENOX)

VTE Pharmacological Contraindications: _____

Mechanical Select one type or contraindication

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

VTE Mechanical Contraindications: _____

Provider Signature: _____ Date: _____ Time: _____