

(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: \_\_\_\_\_

## Shoulder/Elbow Arthroscopy Post Op

Version 1 2/2/2016

### General

- Diagnosis/Procedure: \_\_\_\_\_

### Activity

- May ambulate ad lib
- Upper Ext Weight-bearing Status
  - Right: [ ] As Tolerated [ ] Non Weight Bearing [ ] Partial
  - Left: [ ] As Tolerated [ ] Non Weight Bearing [ ] Partial
- Range of Motion Restrictions
  - Location: \_\_\_\_\_
  - Type: [ ] Active [ ] Passive [ ] As Tolerated
  - Elevation Degrees: \_\_\_\_\_
  - Internal Rotation Degrees: \_\_\_\_\_
  - External Rotation Degrees: \_\_\_\_\_

### Equipment and Activity Aids

- Sling [ ] Apply/Maintain [ ] Maintain Only
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_
- Sling Swathe [ ] Apply/Maintain [ ] Maintain Only
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_
- Immobilizer [ ] Apply/Maintain [ ] Maintain Only
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - 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 4 hours while awake x 48 hours
- Apply ice pack to \_\_\_\_\_
- Cryocuff
- Provide Arthroscopy Discharge Instructions
- Discharge Post-Op Criteria
  - 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;
  - Patent is able to maintain pre-procedure mobility;
  - Pain is controlled
  - Medication Reconciliation must be completed prior to discharge
  - Additional Criteria: \_\_\_\_\_

### Diet

- Advance diet as tolerated Goal diet: Regular Additional Instructions: \_\_\_\_\_

Initials \_\_\_\_\_

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**IV Fluids - Maintenance**

Dextrose 5% and 0.45% Sodium Chloride IV

- 125 milliliter/hour continuous intravenous infusion DC IV in PACU
- Continue OR IV fluid; DC IV in PACU

**Medications**

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

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

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

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

- For rotator repair, SLAP repair or stabilization SELECT:

cephalexin (KELFEX)

250 milligram orally every 8 hours x 24 hours

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