

(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
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

**Total Knee Replacement 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

- Lower Ext Weight-bearing Status
Extremity: [] Left Leg [] Right Leg [] Bilateral
Restrictions: [] Non Weight Bearing [] Partial Weight Bearing [] Weight Bearing as tolerated
- Out of Bed to Chair with leg elevated
- May Shower Post Op
Begin: _____
Cover Wound [x] Yes [] No
Keep Splint/Cast Dry (if present)
Once drain is removed (if present)

Equipment and Activity Aids

- Adaptive Equipment
Type: [] Crutches [] Front Wheeled Walker [] Wheelchair [] Other _____
Additional Instructions: _____

Nursing Orders

- Post-procedure vital signs (Q15 Min X4, Q30 Min X2, Q1H X 4, Q4H X 4) then per unit standard of care
- Point of Care Capillary Blood Glucose 4 times a day, before meals and at bedtime
- Foley Catheter
[] 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
- Hemovac
Empty and Record Output: q 1H x 4 then q 4H x 24 hours then q shift
Discontinue: when output < 50 mL x 2 previous shifts and apply thigh high graduated compression stocking to operative leg

Initials _____

(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
- > Initial each page and Sign/Date/Time last page

- Dressings Change
Type: [x] Dry Sterile [] Wet to Dry [] With Packing
Begin: When hemovac is discontinued
Frequency: [] Daily [] BID [] TID [x] PRN
Additional Instructions: _____
- Incentive spirometry every hour while awake x 48 hours (then at bedside)
- Swallow Screening prior to oral intake. Nursing Instruction: Add to Intervention Worklist.
- Cryocuff
- Continuous passive motion therapy (CPM)
Begin at 0-45 degrees and advance to 90 degrees as tolerated

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

- Peripheral IV insert/maintain
- Convert Peripheral IV to Saline Lock when antibiotics are completed

IV Fluids - Maintenance

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

Lactated Ringers 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: _____
Duration (If rate not selected): _____

Initials _____

(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
- > Initial each page and Sign/Date/Time last page

Medications

Analgesics (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**

HYDROMorphone 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 infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider**

Initials _____

(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
- > Initial each page and Sign/Date/Time last page

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

Analgesics: Nonsteroidal Anti-inflammatory Drugs

celecoxib (CELEBREX)

- 200 milligram orally once a day

nabumetone (RELAFEN)

- 500 milligram orally 2 times a day

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 (begin 8 hours from pre-op dose) x 24 hours

Initials _____

(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
- > Initial each page and Sign/Date/Time last page

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

Corticosteroids

dexamethasone (DECADRON)

- 8 milligram intravenously every 8 hours x 48 hours

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

Sedatives for Insomnia

zolpidem (AMBIEN)

- 5 milligram orally once a day, at bedtime as needed for insomnia - May Repeat X 1 if less than 65 years of age. (potentially inappropriate in patients 65 years or older)

traZODone (DESYREL)

- 50 tablet orally once a day, at bedtime as needed for insomnia

Insulin Correction Level-TID with Meals

insulin lispro (HUMALOG) LOW DOSE Correction TID with meals:

- ___ unit subcutaneously 141-180 mg/dL: 0 unit; 181-220 mg/dL: 2 units; 221-260 mg/dL; 3 units; 261-300 mg/dL: 5 units; 301-350 mg/dL: 7 units; greater than 350 mg/dL: Call Physician DO NOT CORRECT AT HS

Laboratory

HH (HGB & HCT)

- stat routine @ _____ Morning Draw

CBC/AUTO DIFF

- stat routine @ _____ Morning Draw

BASIC METABOLIC PANEL

- stat routine @ _____ Morning Draw

Consults

- OT Occupational Therapy Eval & Treat Reason for consult: Evaluate and treat for ADL's begin first day post op
- PT Physical Therapy Eval & Treat Reason for consult: ROM and Gait training- Start today.
- Consult Care Coordination/Transitional Planning Reason for consult: S/P Total Knee Replacement
- Consult Care Physiatrist Reason for consult: S/P Total Knee Replacement

Initials _____

(place patient label here)

Patient Name: _____

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
- > Initial each page and Sign/Date/Time last page



PROVIDER ORDERS

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)

- 30 milligram subcutaneously 2 times 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 thigh high graduated compression stockings Additional Instructions: Apply to non-operative leg immediately post op and to operative leg when drain has been discontinued

VTE Mechanical Contraindications:

Provider Signature: _____ Date: _____ Time: _____