

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

**OUTPATIENT POST-OP ORDERS - DR. THOMAS**  
**(Check as appropriate to initiate orders)**

Version 5 5/5/2014

DIET: (Specify) \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ Physical therapy  
 \_\_\_\_\_ Crutches  
 \_\_\_\_\_ Shower

TREATMENTS \_\_\_\_\_ Elevate affected extremity on 1-2 blankets **DO NOT** use pillows if cast on leg  
 \_\_\_\_\_ Routine neuro-circulatory checks of extremity q 1 hr X 4, then q 4 hrs.  
 \_\_\_\_\_ Vital signs q15min X 4, q30min X 4, q hour X 4  
 \_\_\_\_\_ Apply to extremity (ice/cryocuff)

MEDS/IVs \_\_\_\_\_ D/C IV when awake and alert  
 \_\_\_\_\_ Toradol 30 mg IV q 6 hours prn moderate pain  
 \_\_\_\_\_ Norco 5/325 (5 mg hydrocodone/325 mg acetaminophen) 1-2 tabs po Q 4 hour prn moderate pain

TEACHING/ DISCHARGE PLANNING \_\_\_\_\_ Remove TED hose from unaffected leg prior to DC  
 \_\_\_\_\_ Apply post-op shoe for foot surgery  
 \_\_\_\_\_ Leave TED hose on surgical leg  
 \_\_\_\_\_ Reinforce ACE wrap prn  
 \_\_\_\_\_ Re-wrap ACE prn

DISCHARGE \_\_\_\_\_ Discharge when stable  
 \_\_\_\_\_ Weight bearing status \_\_\_\_\_  
 \_\_\_\_\_ Follow up appointment for \_\_\_\_\_

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