

(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: _____

Orthopedic Outpatient Upper Ext Post op Activity

Version 1 2/2/2016

- Up with Assistance as needed
- 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: _____
- Immobilizer [] Apply/Maintain [] Maintain Only
Location: _____
Type: _____
Additional Instructions: _____
- Cryocuff
- 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
- 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)
- Apply ice pack to _____
- Elevate Affected Extremity
Additional Instructions: _____
- Incision Care: _____
- Do not remove dressing
Reinforce if needed; Keep dry
- Splint
Do not remove; Keep dry
- Dressings Change
Type: [] Dry Sterile [] Wet to Dry [] With Packing
Begin On: _____
Frequency: [] Daily [] BID [] TID [] PRN
Additional Instructions: _____

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- Pulse oximetry continuous

Initials _____

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Diet

- Clear Liquid Diet
 - Advance diet as tolerated Goal diet: Regular
- Additional Instructions: _____

IV Fluids - Maintenance

- Current IV @ _____ until taking PO well the KVO

Medications

Analgesics

- acetaminophen 325 mg tablet (TYLENOL)
 - 650 milligram orally every 4 hours as needed for mild-to-moderate pain
- 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
- 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
- morphine
 - 2 milligram intravenously every 4 hours as needed for severe pain , break through pain

Antiemetics

- metoclopramide (REGLAN)
 - 10 milligram orally or intravenously every 4 hours as needed for nausea/vomiting
- ondansetron (ZOFRAN)
 - 4 milligram intravenously every 4 hours as needed for nausea/vomiting

If MRSA/MSSA Positive SELECT:

- mupirocin 2 % nasal ointment (BACTROBAN)
 - 0.5 gram in each nostril 2 times a day for a total of 10 doses (Label for home use if patient discharged before completing all 10 doses)

Provider Signature: _____ Date: _____ Time: _____