



PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

POST OP ORDERS FOR TOTAL JOINT REPLACEMENT

ORDERED		Dr. Charles S. Rhea, Dr. G. Scott Jones, Dr. Russell C. Linton, Dr. Chad S. Altmeyer	TIME ORDER NOTED
Date	Time		
		<i>Check Appropriate Boxes:</i>	
		S/P <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> THA <input type="checkbox"/> TKA	
		To Recovery Room, then 4 th floor when stable Egg crate mattress / Abduction pillow	
		<input type="checkbox"/> Consult _____ for the following conditions:	
		X-Ray _____ in PACU	
		Vital signs & Neurovascular checks every 15 min. until stable then every 4 hours and as needed	
		I & O every 8 hours x 48 hours Advance to pre op DIET as tolerated	
		Turn, cough & deep breathe hourly x 6 then every 2 hours x 6 and as needed	
		Incentive spirometry every 2 hours while awake / IPPB with saline id x 3 days	
		D/C Foley 7 a.m. POD # _____ / straight cath. every 8 hours and as needed	
		Condstavac-transfuse and record per protocol	
		LAB: HCT in PACU then every a.m. 0600 x 3	
		IV Fluids _____ at _____ ml/hr	
		MEDS: <input type="checkbox"/> Cefazolin (Ancef) 1 gm IVPB every 8 hrs x 3 post op doses	
		<input type="checkbox"/> Vancomycin 1 gm IVPB every 12 hrs x 1 post op doses	
		PCA Morphine Meperidine (Demerol) _____ mg every _____ min. with _____ hr max = _____ mg	
		Propoxyphene Napsylate 100 mg / Acetaminophen 650 mg (Darvocet-N 100)	
		1 or 2 every 4 hrs as needed for pain	
		Hydrocodone / Acetaminophen (Lortab) _____ mg 1 or 2 every 4 hrs PRN for severe pain	
		Acetaminophen (Tylenol) 325 mg 1 or 2 PO every 4 hrs as needed for temp 101.5°	
		Promethazine (Phenergan) 25 mg IM every 6 hrs as needed for nausea / vomiting	
		Bisacodyl (Dulcolax) suppository / Fleet enema if no BM by POD #3	
		DVT Prophylaxis:	
		<input type="checkbox"/> SCD hose to legs in PACU PLUS	
		<input type="checkbox"/> Warfarin (Coumadin) _____ mg every day PO, hold if PT > 15.9 OR	
		<input type="checkbox"/> Enoxaparin (Lovenox) 30 mg SQ every 12 hours daily OR	
		<input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SQ daily _____	
		<input type="checkbox"/> Anticoagulation Contraindications:	
		<input type="checkbox"/> Bleeding risk	
		<input type="checkbox"/> Other documented reason:	
		PT every AM at 0600/Platelet Count every AM every 3 days	
		PHYSICAL THERAPY ORDERS: POD #1 Up in chair three times daily	
		POD #1 quad sets, SLR, Ankle pumps	
		POD # _____ CPM 0-30, advance 5-10 twice daily or faster if tolerated	
		Routine TKA Protocol / Teach Hip Precautions (Teach add. & flexion precautions)	
		TTWB PWB _____ % WB as tolerated	
		CONSULT SOCIAL SERVICES for discharge planning & equipment needs POD #1	
		Walker / Crutches / bedside commode chair / elevated toilet seat / wheelchair with	
		elevated leg rest & removable arms	
		Physician Signature: _____ Date: _____ Time: _____	

▼ Patient Label ▼



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