ORD

ORDERED Date	ORDERED Time	POST KYPHOPLASTY ORDERS FOR DR DAVID MORGAN, DR MARK ELLIS & DR JOSEPH KELLY		TIME NOTED
		Admit:		
		Diagnosis:		
		Condition:		
		Allergies:		
		Activity:	Strict bedrest for 3 hours, then as tolerated	
			Consult Physical Therapy for ambulation and ADLs	
		Vital Signs:	Vital Signs every 15 minutes for 1 hour then every 30 minutes for 1 hour,	
			Then every 1 hour for _____ hours, then routine if stable	
		Diet:	DAT	
		Medication:	1) INT	
			2) Lortab 5mg (Hydrocodone Bitartrate, Acetaminophen) 1 or 2 PO every 8	
			hours PRN for pain	
			3) Morphine Sulfate 2mg IV every 4 hours PRN for severe pain	
			4) Identify and list home meds	
		MD Signature:		
		Date/Time:		

BAPTIST. MEMORIAL HOSPITAL GOLDEN TRIANGLE

POST KYPHOPLASTY ORDERS
For Dr. David Morgan, Dr. Mark Ellis & Dr. Joseph Kelly
Form # 18-114.9 (01/09)

▼ Addressograph / Patient Label ▼