



ORD

ORDERED		ORTHOPAEDIC SURGERY ED/DIRECT ADMIT ORDERS	TIME
DATE	TIME		ORDER NOTED
		Check appropriate boxes.	
		Admit to _____ (Floor). Admit to Dr. _____	
		<input type="checkbox"/> Inpatient <input type="checkbox"/> Observation <input type="checkbox"/> Telemetry	
		Diagnosis: _____	
		Operative Permit for: _____ Dr: <input type="checkbox"/> Altmeyer <input type="checkbox"/> Jones <input type="checkbox"/> Linton <input type="checkbox"/> Rhea	
		Consult: <input type="checkbox"/> Hospitalist <input type="checkbox"/> Other: _____	
		Reason _____	
		<input type="checkbox"/> OK to see Post-Op <input type="checkbox"/> I have called the physician, please add to their list.	
		DIET: <input type="checkbox"/> NPO <input type="checkbox"/> NPO after midnight <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____	
		NURSING ORDERS:	
		Activity: <input type="checkbox"/> Up ad lib <input type="checkbox"/> Up with assistance <input type="checkbox"/> Bedrest <input type="checkbox"/> Up in chair with meals	
		<input type="checkbox"/> Ambulate ___ times daily <input type="checkbox"/> Other: _____	
		Vital Signs: <input type="checkbox"/> Routine <input type="checkbox"/> every 4 hours <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Daily Weights (no bed scale if able to stand)	
		<input type="checkbox"/> Intake and Output <input type="checkbox"/> Strict I&O	
		<input type="checkbox"/> Neurovascular checks with vital signs	
		<input type="checkbox"/> Notify for new onset of temp > 100.6	
		<input type="checkbox"/> Buck's Traction 5 lbs to affected leg <input type="checkbox"/> Elevate affected extremity	
		<input type="checkbox"/> If no void X 8 hours or patient complaint of discomfort, perform bladder scan. If > 400 cc, may straight cath. May straight cath for urinary retention X 2. If urinary retention persists, notify physician	
		RADIOLOGY: <input type="checkbox"/> CXR PA/Lateral <input type="checkbox"/> CXR Portable <input type="checkbox"/> Other x-ray _____	
		LABORATORY: (if not done in ED) <input type="checkbox"/> CBC <input type="checkbox"/> CBC with diff <input type="checkbox"/> CMP <input type="checkbox"/> Type & Screen <input type="checkbox"/> PT/PTT	
		<input type="checkbox"/> U/A <input type="checkbox"/> ABG <input type="checkbox"/> HCG serum pregnancy test <input type="checkbox"/> Daily INR (If on Warfarin)	
		<input type="checkbox"/> Type and Crossmatch _____ units PRBCs <input type="checkbox"/> EKG	
		MEDICATIONS:	
		IV _____ @ _____ ml/hr. <input type="checkbox"/> INT	
		Pre-Op Antibiotic:	
		<input type="checkbox"/> For patients < 80 kg: Cefazolin (Ancef) 1 gm IV in OR per anesthesia	
		<input type="checkbox"/> For patients > 80 kg: Cefazolin (Ancef) 2 gm IV in OR per anesthesia	
		Allergy to Beta Lactam	
		<input type="checkbox"/> Clindamycin 600 mg IV in OR within 1 hour of incision.	
		<input type="checkbox"/> Vancomycin 1 gm IV in OR within 2 hours of incision (do not begin infusion until instructed by surgery) If Vancomycin infusion expected to exceed the 2 hour window prior to incision, notify the physician for an order for Clindamycin.	
		<input type="checkbox"/> Vancomycin (other indications for use) 1 gm IV on call to OR within 2 hours of incision (do not begin infusion until instructed by surgery) (check reason below)	
		If Vancomycin infusion expected to exceed the 2 hour window prior to incision, notify the physician for an order for Clindamycin.	
		<input type="checkbox"/> Known Beta-Lactam allergy	
		<input type="checkbox"/> Known prior colonization with MRSA	
		Physician Signature: _____	Date/Time: _____

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		<input type="checkbox"/> High risk due to acute inpatient hospitalization within last year	
		<input type="checkbox"/> High risk due to nursing home or extended care facility within last year, prior to admission	
		<input type="checkbox"/> Increased MRSA rate, either facility-wide or operation-specific	
		<input type="checkbox"/> Chronic wound care or dialysis	
		<input type="checkbox"/> Continuous inpatient stay, more than 24 hours prior to the principal procedure	
		<input type="checkbox"/> Other documented reason:	
		Continue home maintenance beta-blocker therapy:	
		Drug/Dose: _____ (Hold for HR < 50, hold for SBP < 100).	
		<input type="checkbox"/> For NPO patients: metoprolol (Lopressor) 5 mg IV every 4 hours prn HR > 60 (hold for SBP < 100).	
		<input type="checkbox"/> Not ordered due to low SBP.	
		Mechanical DVT prophylaxis:	
		<input type="checkbox"/> SCD's <input type="checkbox"/> AV Impulse	
		Pharmacologic DVT Prophylaxis (Recommended if patient not going to surgery within 24 hours):	
		<input type="checkbox"/> Warfarin (Coumadin): _____ PO every day at 1700; Hold if INR > 3	
		<input type="checkbox"/> Enoxaparin (Lovenox) 40 mg SQ daily.	
		<input type="checkbox"/> Enoxaparin (Lovenox) RENAL DOSING: CrCl < 30: 30 mg SQ daily.	
		<input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SQ daily (contraindicated for pts. <50 kg or CrCl <30) .	
		<input type="checkbox"/> Contraindicated because of coagulopathy, platelet dysfunction, or evidence of bleeding.	
		<input type="checkbox"/> Other contraindications---please list: _____	
		PRN Medications	
		<input type="checkbox"/> Ondansetron (Zofran) 4 mg IV every 4 hours as needed for nausea.	
		<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg po every 4 hours as needed for temp. >101.	
		<input type="checkbox"/> Bisacodyl (Dulcolax) suppository rectally as needed for constipation.	
		<input type="checkbox"/> Pain:	
		<input type="checkbox"/> Hydrocodone 5 mg with acetaminophen 325 mg (Lortab 5mg) one tablet po every 4 hours as needed for mild pain.	
		<input type="checkbox"/> Hydrocodone 7.5 mg with acetaminophen 325 mg (Lortab 7.5mg) one tablet po every 4 hours as needed for moderate pain.	
		<input type="checkbox"/> Hydrocodone 10 mg with acetaminophen 325 mg (Lortab 10 mg) one tablet po every 4 hours as needed for severe pain.	
		*Lipbalm (Blistex) to lips prn for dryness or irritation *Vasolex cream to buttocks prn for dryness	
		*Benzocaine/Phenol (Chloraseptic) Spray prn for sore throat *Artificial Tears prn for dryness	
		Other Orders:	
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Secondary diagnosis/ problems (this information can affect the patient's severity level)	Indicate whether the condition was present on the patient's arrival at the hospital				
1. Pressure Ulcer <table style="float: right; margin-left: 20px;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	If yes, document site(s): _____ _____ _____		
Yes	No				
2. Foley catheter related UTI <table style="float: right; margin-left: 20px;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No			
Yes	No				
3. Central Venous catheter associated infection <table style="float: right; margin-left: 20px;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No			
Yes	No				
4. Poor glycemic control <table style="float: right; margin-left: 20px;"> <tr> <td>Yes</td> <td>No</td> </tr> </table> a. uncontrolled on admission b. admitted with DKA, coma or hyperosmolarity <table style="float: right; margin-left: 20px;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	Yes	No	
Yes	No				
Yes	No				

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