When printing this form make sure the following selections are indicated:
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Initial Status:	Initial Bed Type:
☐Place in Observation ☐Admit to Inpatient	☐Non-monitored bed ☐Telemetry ☐ICU
Principal Diagnosis:	

Allergies:

Height (cm)	Weight	Medications may be stopped based on the current Medical Staff Bylaws automatic stop order policy. A therapeutic equivalent drug approved by Pharmacy and Therapeutics Committee may be dispensed in accordance with the Medical Staff Bylaws.

DO NOT USE	U	IU	QD	QOD	Trailing Zero	Lack of Leading Zero	MS	MSO4	MgSO4

DATE & TIME	PHYSICIANS ORDERS

20110308

PHYSICIAN'S PRE-PRINTED ORDERS: DISCHARGE ORDERS

1. Discharge to: ❑ Home ❑Rehab ❑SNF _____
2. Call for follow-up appointment, . Follow-up will be in 1-2 weeks
3. TED Hose on bilateral LE for 4 weeks starting POD #1. May remove hose at night
4. Keep incision dry for showers. Apply antibiotic ointment to incision prior to shower. Cover with small dressing; secure edges with tape.
5. Patient to Continue Lovenox® / Arixtra® until completed. If patient was taking Aspirin® and/or Plavix®, restart these medications the day after the Lovenox® or Arixtra® is completed unless instructed to start earlier.
6. Discharge Prescriptions checked below on chart:

Anticoagulant:
- ❑ Enoxaparin (**Lovenox®**) 40mg subcutaneous daily x_____ days.
- ❑ Enoxaparin (**Lovenox®**) 30mg subcutaneous every 12 hours x_____ days
- ❑ ASA (**Aspirin**) 325mg orally twice daily x4 weeks
- ❑ Fondaparinux (**Arixtra®**) 2.5mg subcutaneous daily x_____ days
- ❑ Warfarin (**Coumadin®**) _____ mg orally daily.

Pain Control:
- ❑ Acetaminophen 325mg / Hydrocodone _____mg (**Norco®**) 1-2 tabs orally every 4 hours PRN pain
- ❑ Acetaminophen 650mg / Propoxyphene 100mg (**Darvocet®**) 1-2 tabs orally every 4 hours PRN pain
- ❑ Acetaminophen 325mg / Oxycodone 10mg (**Percocet®**) 1-2 tabs orally every 4 hours PRN pain
- ❑ Tramadol (**Ultram®**) _____ mg 1-2 tabs orally every 4 hours PRN moderate pain
- ❑ Oxycodone SR 10mg every 12 hours x_____. ***Do not give if patient age greater than 70.***
- ❑ Celecoxib (**Celebrex®**) 200mg orally two times a day. ***Do not give if Sulfa allergy / Renal Disease.***

7. Physical Therapy: 3x a week for _____ weeks
   Weight Bearing: ❑ WBAT ❑ PWB ❑ TDWB ❑ NWB ❑ No ROM ❑ Knee Immob. ❑ DJI ROMII ____^{O} ext.
8. Diet: Regular as tolerated. ❑ 1800 Cal ADA ❑ Other: _____
9. Remove Scopolamine patch prior to discharge.
10. Continue home medications on discharge. REMINDER: Give patient his/her home medications prior to discharge.
11. **Provide Dr. Wan's Home Instruction Sheet.**

❑ Zhinian Wan, MD
❑
❑
❑

Physician's Signature	Date / Time
Physician's ID (Dictation) Number	Pager #

Physicians Orders