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

20120308

PHYSICIAN'S PRE-PRINTED ORDERS: TOTAL KNEE / HIP REPLACEMENT

PRE-OPERATIVE ORDERS

Admit to Floor. Orthopedics: _____

Place results of LABS, CXR, and EKG, done as outpatient, and H&P # _____ on chart.

CONSENT: ❑ Right ❑ Left ❑ Total Hip Arthroplasty ❑ Hip Resurfacing vs. Total Hip Arthroplasty
❑ Primary ❑ Revision ❑ Total Knee Arthroplasty ❑ Partial vs. Total Knee Arthroplasty

PREP
☑ With clippers or depilatory, remove hair on operative extremity.
☑ Apply thigh-high TED hose to non-operative extremity. Place unused TED hose to chart.
☑ T&C _____ Units PRBC

IV THERAPY: Start IV *(above the wrist/hand and below the anticubital)*. Start IV of 1000 mL NS at 100 mL/hr.

ANTIBIOTIC
❑ Cefazolin (**Kefzol®**) 1 Gm IVPB within 60 minutes of incision (*Recommended if patient 80kg or less)*
❑ Cefazolin (**Kefzol®**) 2 Gm IVPB within 60 minutes of incision (*Recommended if patient greater than 80kg)*
❑ **If allergic to PCN or Cephalosporin:** Clindamycin (**Cleocin®**) 900mg IVPB within 60 minutes prior to incision.
❑ Vancomycin (**Vancocin®**) 1 Gm IVPB x1 dose within 2 hours prior to incision. ***Reason for Vancomycin administration (must select).***
- ❑ β-lactam (Penicillin or Cephalosporin) allergy.
- ❑ Known colonization with MRSA.
- ❑ Increased MRSA rate facility-wide or operation-specific.
- ❑ Chronic wound care or dialysis.
- ❑ Continuous inpatient stay > 24 hours prior to procedure.
- ❑ Patient high-risk due to nursing home or extended care facility setting within the last year prior to admission.
- ❑ Patient transferred from another inpatient hospitalization after a 3-day stay.
- ❑ Other Physician/APN/PA/Pharmacist documented reason: _____.

❑ Cefepime (**Maxipime®**) 1 Gm IVPB within 2 hours prior to incision Indiciation: ❑ Known ❑ Suspected colonization / infection

~~PRE-OPERATIVE MEDICATIONS~~ *(at patient check-in)*
☑ Acetaminophen (**Tylenol®**) 500mg orally x1 dose
☑ Famotidine (**Pepcid®**) 20mg orally x1 dose.
☑ Hydroxyzine (**Atarax®**) 25mg orally x1 dose
☑ Scopolamine Patch 1.5mg applied to mastoid area ***if age less than 65 years***
☑ Celecoxib (**Celebrex®**) 400mg orally x1 dose. ***Do not give if Sulfa allergy / Renal Disease.***
☑ Oxycodone SR 10mg orally x1 dose ***if age less than 70 years***

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

Physicians Orders

PHYSICIAN'S PRE-PRINTED ORDERS: TOTAL KNEE / HIP REPLACEMENT

IN OR BY ANESTHESIA

☑ Onadestron (**Zofran®**) 4mg IV x1 dose

☑ Dexamethasone (**Decadron®**) 4mg IV x1 dose post-APMS. ***Do not give if Diabetic.***

☑ Ephedrine ❑ 25mg ❑ 50mg IM x1 dose post procedure ☑ Preservative-Free Morphine Spinal

PACU ORDERS

☑ Fentanyl ❑ 10 ❑ 20mcg IV every 2 minutes up to 300mcg PRN pain.

☑ Nalbuphine (**Nubain®**) 205mg IV every 6 hours PRN pruritus

☑ Prochlorperazine (**Compazine®**) 2.5mg IV every 4 hours PRN nausea

☑ Promethazine (**Phenergan®**) ❑ 6.25mg ❑ 12.5mg IV every 4 hours PRN nausea only if patient is allergic/sensitive to Compazine®. For peripheral administration, dilute dose in 10mL 0.9% NaCl and give slowly, over at least 2 minutes.

☑ May start PCA in PACU if PCA is ordered. ***See PCA Physician Order Form OR APMS Order Form***.

☑ **X-Ray Operative Limb(s) in PACU:** Hips → AP Film only; Knees → AP/Lateral

☑ *IV*: Uni joints: 1000 mL LR over 30 minutes before transfer to floor; Bilat. joints: 2000 mL LR over 1 hour before transfer to floor

POST-OPERATIVE ORDERS

ADMIT to ❑ Ortho Floor ❑ ICU Orthopedics: Dr. S/P ❑ Right ❑ Left _____

CONDITION: ❑ Stable ❑ Good ❑ Fair ❑ Critical

NOTIFTY Dr. _____ of patient's location for consult ❑ in recovery ❑ on arrival to floor.

VITALS: Every 15 min x4, then every 30 min x4, then every 1 hour x4, then every 4 hours x24 hours, then every 8 hours if stable. Include Pulse Oximeter x24 hours and while on PCA. Titrate Nasal Cannula oxygen to maintain SaO_2 at 90%

IV THERAPY: Unilateral joints: Complete IV from OR, then start IV of 1000 mL LR at 250 mL/hr on arrival to floor then 75 mL/hr
Bilateral joints: Complete IV from OR, then start IV of 2000 mL LR at 250 mL/hr on arrival to floor then 75 mL/hr
KVO when tolerating fluids. Discontinue IV 24 hours after antibiotics/PCA discontinued

LABS: ☑ CBC Hemogram POD #1 AM ☑ CBC Hemogram POD #2 AM

ACTIVITY: ☑ OOB with assistance ☑ Up to chair for all meals as tolerated

NURSING:
☑ Foley catheter to BSD (if in place). D/C POD #1 by mid-morning. IF unable to void, insert Foley and leave in place x24.
☑ Hemovac to suction. Discontinue POD #2.
☑ Incentive Spirometry x10 every 1 hour while awake. Respiratory Therapy to instruct. Encourage CDB.
☑ PNV ASSESSMENT: every 2 hours x24 hours, then every 4 hours x24 hours, then every shift until discharge.
☑ I&O every shift. Discontinue when IV/Foley/Drain discontinued. ☑ Initiate Bowel Protocol.
☑ Overhead Frame and Trapeze. ☑ For THA, order adjustable BSC.
☑ Ice Pack PRN to affected extremity. ☑ Dressing change POD #1, then daily/PRN.
❑ If diabetic, start Insulin Sliding Scale Protocol – Low Dose. Accuchecks per protocol.

DIET: Clear Liquid diet, progress to regular as tolerated. ❑ 1800 Cal ADA ❑ Other: _____

ANALGESIA

☑ Call APMS for: Inadequate pain control; RR less than 9; pruritis or nausea; Excessive sedation/confusion; Any pain/sedation concerns

☑ Naloxone (**Narcan®**) 0.2mg IVP PRN unarrousable and/or patients with a RR less than 9. May repeat x1. Call APMS STAT.

☑ **No oral or parenteral pain medications are to be given except as ordered by APMS for 24 hours.**

☑ Celecoxib (**Celebrex®**) 200mg orally two times a day. Start evening of surgery. ***Do not give if Sulfa allergy / Renal Disease.***

☑ Oxycodone SR ❑ 10mg ❑ 20mg orally every 12 hours x5 doses. ***Do not give if patient age greater than 70.***

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

PHYSICIAN'S PRE-PRINTED ORDERS: TOTAL KNEE / HIP REPLACEMENT

POST-OPERATIVE ORDERS

ANALGESIA *(cont'd)* *(*NOTE: Do not exceed 4 grams of Acetaminophen per 24 hours)*

☑ Acetaminophen 325mg / Hydrocodone ❑ 5mg ❑ 7.5mg ❑ 10mg (**Norco®**) 2 tabs orally every 4 hours PRN moderate pain*

☑ Acetaminophen 650mg / Propoxyphene 100mg (**Darvocet®**) 2 tabs orally every 4 hours PRN moderate pain* *(if codeine allergy)*

ANTICOAGULATION / DVT PROPHYLAXIS Managed by ❑ Orthopedics ❑ Medicine

❑ ASA (**Aspirin**) 325mg orally starting night of surgery. Continue twice daily x4 weeks.

❑ Enoxaparin (**Lovenox®**) 30mg subcutaneous every 12 hours x10 days. Start POD #1 at 09:00 and 21:00. Teach Patient self-injection.

❑ Enoxaparin (**Lovenox®**) 40mg subcutaneous daily x21 days. Start POD #1 at 09:00. Teach Patient self-injection.

❑ Hold anticoagulant for now. Contraindicated. Reason: _____

☑ Bilateral thigh-high TED hose. Remove once daily for 1 hour. May use ace wrap from foot/ankle to thigh when hose inadequate.

☑ Sequential Compression Devices (calf sleeves) bilateral LE while in bed x48 hours.

Surgery End Time: _____

Last Abx Dose Given: _____

ANTIBIOTIC

_____

❑ Cefazolin (**Kefzol®**) 1 Gm IVPB every 6 hours x3 doses (*Recommended if patient 80kg or less)*

❑ Cefazolin (**Kefzol®**) 2 Gm IVPB every 6 hours x3 doses (*Recommended if patient greater than 80kg)*

❑ **If allergic to PCN or Cephalosporin:** Clindamycin (**Cleocin®**) 900mg IVPB every 6 hours x2 doses

❑ Vancomycin (**Vancocin®**) 1 Gm IVPB every 12 hours x2 doses. ***See reason for Vancomycin administration on pre-op orders.***

❑ Cefepime (**Maxipime®**) 1 Gm IVPB within 2 hours prior to incision Indiciation: ❑ Known ❑ Suspected colonization / infection

SYMPTOM MANAGEMENT

☑ Onadestron (**Zofran®**) 4mg IV daily at 09:00 on POD #1 and #2

☑ Esomeprazole (**Nexium®**) 40mg orally daily ☑ Docusate-Senna (**Senna-S®**) 1 tab orally two times daily

☑ MOM® 30mL orally every 6 hours PRN constipation

☑ Aluminum-Magnesium Hydroxide (**Maalox®**) 30mL orally every 6 hours PRN indigestion

CONSULTS

☑ Physical Therapy – Assess and treat. Total Knee / Hip Protocol. Weight Bearing: ❑ WBAT ❑ PWB ❑ TDWB ❑ NWB

THA: ❑ Anterior Precautions ❑ Posterior Precautions ❑ Trochanteric Precautions ❑ Abduction Pillow

TKA: ❑ Knee Immobilizer ❑ Knee brace set to _____° to _____°.

☑ Occupational Therapy – Assess and provide equipment/treatment as needed.

☑ Case Manager / Social Work for Discharge Placement and post-discharge equipment needs. Plan discharge on POD# 2-3.

❑ Community SNF ❑ Community Rehab ❑ TMH SNF ❑ TMH Rehab

HOME MEDICATIONS

❑ Continue Routine Home Medications. May take own meds dispensed by nursing. Pharmacy to verify home medications and schedule.

Medication	Dose	Route	Frequency	PRN Reason or Clarification

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

Physicians Orders