

Orthopedic Surgery
Shoulder Post Operative Orders

Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you **do not** wish to order mark through

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

ALLERGIES: NKA **ALLERGIC to:** _____

VITAL SIGNS:

- Vital signs every 4 hours x 4; THEN
- Vital signs per unit protocol
- Neurovascular checks every hour x 4; THEN
- Neurovascular checks every 4 hours x 4; THEN
- Neurovascular checks per unit protocol

ACTIVITY:

- Up with assistance PRN
- Arm sling at all times

DIET:

- Clear liquids as tolerated
- Regular diet
- ADA 2000 calorie
- Therapeutic diet: _____

IV SOLUTIONS:

- Dextrose 5% and Sodium Chloride 0.45% IV infuse at 75 ml/hour
- Other: _____
- Saline lock when taking adequate oral intake and antibiotics are complete

MEDICATIONS: Antibiotics

- Cefazolin (Ancef)** 1 gram IVPB every 6 hours x 3 doses for prophylaxis
- Clindamycin (Cleocin)** 900 mg IVPB every 6 hours x 3 doses for prophylaxis

MEDICATIONS: Pain

- Morphine** _____ mg IV every 2 hour PRN for moderate-severe pain level
- Hydromorphone (Dilaudid)** 1 mg IV every 4 hours PRN for moderate-severe pain level; may repeat dose of 1mg IV in 15 minutes if pain level remains moderate to severe
- Oxycodone/acetaminophen (Percocet)** 5/325 mg 1 tablet PO every 4 hours PRN for moderate pain level (maximum of 4 grams of **acetaminophen** in 24 hours); may repeat dose of one tablet in 45 minutes if pain level remains moderate
- Hydrocodone/acetaminophen (Lortab)** 5/500 mg 1 tablet PO every 4 hours PRN for moderate pain level (maximum of 4 grams of acetaminophen per 24 hours); may repeat dose of one tablet in 45 minutes if pain level remains moderate
- Ketorolac (Toradol)** 15 mg IV every 6 hours PRN (up to 4 doses) for severe pain level, (change to PO when able)
- Ketorolac (Toradol)** 10 mg PO (when taking oral medications) every 6 hours PRN (up to 4 doses total) for severe pain level
- Acetaminophen (Tylenol Extra Strength)** 500 mg ____ 1 tablet ____ 2 tablets PO every 4 hours PRN for moderate-severe pain level, for fever greater than 101.5° F, or for headache, if not currently taking **Percocet** or **Lortab** (maximum of 4 grams of **acetaminophen** per 24 hours)

Patient Identification

