

Orthopedic Surgery
Shoulder Arthroplasty 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:** _____

PROCEDURE:

- Total Shoulder Arthroplasty for arthritis
- Hemiarthroplasty for arthritis
- Hemiarthroplasty with non-prosthetic glenoid arthroplasty
- Hemiarthroplasty for rotator cuff deficiency
- Hemiarthroplasty with Open Reduction Internal Fixation (ORIF) tuberosities for fracture
- Revision Shoulder Arthroplasty
- Other: _____

VITAL SIGNS:

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

ACTIVITY:

- Ambulate two times a day with assistance beginning the evening of surgery
- Over bed frame with trapeze
- Arm sling; encourage sling removal once the interscalene block has worn off

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 for 3 doses for prophylaxis
- Clindamycin (Cleocin)** 900 mg IVPB every 6 hours for 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 in 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

Physician Initials: _____

Patient Identification

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MEDICATIONS: Cont'd

- 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** 24 hours)
- Ondansetron (Zofran)** 4 mg IV every 4 hours PRN for nausea/vomiting
- Zolpidem (Ambien)** ___ 5 mg ___ 10 mg PO at bedtime PRN for sleep
- Docusate sodium (Colace)** 100 mg PO BID for stool softener
- Milk of Magnesia** 30 ml PO QD PRN for constipation
- Aluminum-magnesium hydroxide/simethicone (Mylanta)** 30 ml PO every 4 hours PRN for dyspepsia

PATIENT CARE:

- Ice to operative shoulder PRN
- Intake and output every shift
- Fleets** enema per rectum QD PRN for constipation
- Bilateral foot pumps when in bed
- Hemovac to self suction
- Indwelling urinary catheter to bedside drainage; Discontinue indwelling urinary catheter **POD #1**
- Straight urinary catheter every 6 hours PRN for inability to void spontaneously
- High elastic stocking(s) to both lower extremities right leg left leg

RADIOLOGY:

- Port shoulder ___ Left or ___ Right; in PACU, indication: post operative AP and axillary views

RESPIRATORY:

- Incentive spirometry 10 breaths every hour while awake; Respiratory Therapist to instruct patient on use of incentive spirometry

CONSULTS:

- Consult Physical Therapist for Shoulder Program
 - Teach patient a home exercise program
 - Gentle supine Passive Range of Motion using the opposite arm as the power for ___ degrees of external rotation with the elbow at the side
 - Door pulley for forward elevation in those with contra lateral shoulder disease
 - Active elbow range of motion
 - Grip strengthening with a squeeze ball

COMMUNICATION:

- Notify Physician of abnormal vital signs or neurochecks

ADDITIONAL ORDERS:

Physician	Pager	Date ___ / ___ / ___	Time: _____
<input type="checkbox"/> Verbal Order Verification Signature		Date ___ / ___ / ___	Time: _____

Patient Identification