

**Orthopedic Surgery  
Knee 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 2; THEN
- Neurovascular checks every 2 hours x 2; THEN
- Neurovascular checks every 4 hours x 4; THEN
- Neurovascular checks per unit protocol

**ACTIVITY:**

- Crutches
- Weight bearing status: \_\_\_\_\_ right lower extremity \_\_\_\_\_ left lower extremity
  - Non-weight bearing (NWB)
  - Toe Touch weight bearing (TTWB)
  - Partial weight bearing (PWB)
  - To operative leg with assistance PRN
  - Quad sets every hour while awake
  - Ankle pumps every hour while awake

**DIET:**

- Clear liquids and advance as tolerated
- Regular diet
- ADA 2000 kcal
- Therapeutic diet: \_\_\_\_\_

**IV SOLUTIONS:**

- Dextrose 5% and Sodium Chloride 0.45% IV infuse at 75 ml/hour
- Maintain IV until patient taking adequate oral intake and antibiotics are completed
- Other: \_\_\_\_\_

**MEDICATIONS: Antibiotics**

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

**MEDICATIONS: Pain**

- 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

Physician Initials: \_\_\_\_\_

**Patient Identification**



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**MEDICATIONS: Cont'd**

- Hydrocodone/acetaminophen (Lortab)** 5/500 mg 1 tablet PO every 4 hours PRN for moderate pain level(maximum of 4 grams of acetaminophen per day); 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 moderate-severe pain level (change to PO when able)
- Ketorolac (Toradol)** 10 mg PO every 6 hours PRN (up to 4 doses) for moderate-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 24 hours)

**MEDICATIONS: Other**

- Ondansetron (Zofran)** 4 mg IV every 4 hours PRN for nausea/vomiting
- Zolpidem (Ambien)** \_\_\_ 5 mg \_\_\_ 10 mg PO at bedtime PRN for sleep
- Aluminum-magnesium hydroxide/simethicone (Mylanta)** 30 ml PO every 4 hours PRN for heartburn

**PATIENT CARE:**

- Intake and Output every shift
- Thigh high elastic stocking hose on non-operative leg
- Elevate operative knee on 2 pillows (keep leg out of external rotation)
- Ice to operative knee PRN
- Straight urinary catheter x 1 PRN for urinary retention, in 6 hours, if urinary retention continues, insert Indwelling urinary catheter to bedside drainage and notify Physician

**CONSULTS:**

- Consult Physical Therapy in AM, indication: ambulation

**COMMUNICATION:**

- Notify Physician of abnormal vital signs or neurochecks

**ADDITIONAL ORDERS:**

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Physician \_\_\_\_\_ Pager \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_

Verbal Order Verification Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_

**Patient Identification**