

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 15 minutes x 4; THEN
- Vital signs every 4 hours x 4; THEN
- Vital signs per unit protocol
- Neurological checks including motor assessment every 15 minutes x _____ hour(s); THEN 30 minutes x _____ hour(s); THEN every hour x _____ hour(s); THEN every 2 hours x _____ hour(s); THEN Neurological checks including motor assessment every 4 hours

ACTIVITY:

- Complete bedrest
- Flat in bed until: _____
- Elevate head of bed _____ degrees
- Ambulate with assistance beginning: _____ (date/time) when brace fitted
- Brace: _____ (type)
- Wear brace: at all times; when out of bed only
- Cervical collar with cervical collar care daily with stockinette change

DIET:

- NPO
- Clear liquids
- Regular diet
- Other: _____

IV SOLUTIONS:

- _____ infuse at _____ ml/hour

MEDICATIONS:

- Convert IV to saline lock when tolerating PO without nausea/vomiting
- IV PCA: Follow PCA Order Form CHH # 827

Baseline pain relief:

- Oxycodone slow release (OxyContin)** _____ mg PO every _____ 8 hrs _____ 12 hrs PRN for baseline pain relief
- Morphine slow release (MS Contin)** _____ mg PO every _____ 8 hrs _____ 12 hrs PRN for baseline pain relief

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Breakthrough pain relief:

- Oxycodone/acetaminophen (Percocet)** ___ 5/325 mg ___ 10/325 mg PO every ___ 4 hrs ___ 6 hrs ___ 8 hrs PRN for breakthrough pain relief (no more than 4 grams **acetaminophen** in 24 hours)
- Hydrocodone/Acetaminophen (Lortab)** PO ___ 5/500 mg ___ 10/500 mg every ___ 4 hrs ___ 6 hrs ___ 8 hrs PRN breakthrough pain relief (no more than 4 grams **acetaminophen** in 24 hrs)
- Acetaminophen (Tylenol)** 500 mg PO every ___ 4 hrs ___ 6 hrs ___ 8 hrs PRN for mild pain (no more than 4 grams of **acetaminophen** in 24 hours)

Other medications:

- Acetaminophen (Tylenol)** 500 mg ___ 1 tab ___ 2 tabs PO every 4 hrs PRN for temperature greater than ___ degrees, for headache or mild pain (no more than 4 grams of **acetaminophen** in 24 hours)
- Albuteral Sulfate (Ventolin)** 2.5 mg nebulized every ___ 4 hours ___ 6 hours
- Cefazolin (Ancef)** ___ gram IVPB every ___ hours x ___ doses
- Vancomycin** 1 gram IVPB every 12 hours x ___ doses
- Promethazine (Phenergan)** 12.5 mg po every 4 hours PRN for N/V
- Ondansetron (Zofran)** 4 mg every ___ hours IV push. If no relief after one dose, contact Physician
- Docusate 50 mg/senoside 8.6 mg (Senokot S)** 1 tablet PO daily
- Senna 8.6 mg (Senekot)** 2 tabs PO daily
- Temazepam (Restoril)** ___ mg PO at bedtime PRN for sleep
- Zolpidem (Ambien)** 10 mg PO at bedtime PRN for sleep
- Aluminum-magnesium hydroxide/simethicone (Maalox)** 15 ml PO every 2 hours PRN indigestion
- Cepacol lozenges** at bedside PRN for sore throat
- Other: _____

PATIENT CARE:

- Fleets enema** PRN for constipation
- Change wound dressing PRN
- Turn, cough and deep breath every 2 hours
- Strict I & O every ___ hours
- Measure and record ___ Hemovac ___ JP ___ Other (list): _____ every ___ hour(s)
- Discontinue drain on POD# ___ at 8am if drainage less than 200 ml (for anterior cervical surgery, assess for tracheal deviation/swelling. If trachial deviation/swelling present, do **NOT** remove drain, notify Physician)
- Indwelling urinary catheter to bedside drainage; discontinue urinary catheter on POD # ___ at ___
- Sequential compression device(s) to ___ both lower extremities ___ right leg ___ left leg
- Knee high elastic stocking(s) to ___ both lower etremities ___ right leg ___ left leg

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LABORATORY:

- Hemoglobin and hematocrit
- CBC on postoperative day number: ____ POD#1 ____ POD#2 ____ POD#3
- CBC daily x ____ days
- CMP (comprehensive metabolic panel)
- BMP (basic metabolic panel)

RESPIRATORY:

- CPT with each nebulizer treatment
- Incentive spirometry every 2 hours while awake

CONSULTS:

- Consult Physical Therapy/Occupational Therapy, indication: _____
- Consult Social Work/Case Management, indication:
 - discharge planning
 - home health care for PT/OT
 - home health care for nursing/aide
 - home health care for acute rehabilitation
 - home health care for skilled nursing facility
 - home health care for durable medical equipment (DME): ___3 in 1 commode ___rolling walker

COMMUNICATION:

- Notify Physician of temperature greater than 101°F after postoperative day # 2 at 0800
- For fever > 101°F after POD #2 obtain blood culture x 2, UA, CXR, notify Physician at 0800
- Notify Physician if urine output less than 30 ml/hour x 3 hours
- Notify Physician of any changes in motor assessment
- If no urine output within 6 hours of urinary catheter removal, re-insert Urinary catheter, if urinary output is greater than 500 ml. leave catheter in place and Notify Physician of initial cath amount. If urinary output less than 500ml Notify Physician of initial cath amount.

ADDITIONAL ORDERS:

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

****SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY****