



Orthopaedic Surgery  
Bone Tumor Post Operative

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/transfer to orthopaedics 2N unit  Outpatient

ALLERGIES:  NKA ALLERGIC to: \_\_\_\_\_

VITAL SIGNS:

- Vital signs every 15 minutes x 4; THEN every 1 Hour x 4 hours; THEN every 4 hours x 19 hours; THEN
- Vital signs every 8 hours
- Limb neurochecks with each set of vital signs

ACTIVITY:

- Up ad lib  Bedrest  Bathroom only
- Weight Bearing Status: \_\_\_\_\_ right lower extremity \_\_\_\_\_ left lower extremity
  - non-weight bearing  partial weight bearing
  - touch down weight bearing  weight bearing as tolerated

DIET:

- NPO  Clear liquid:  Regular  Low vitamin K

IV SOLUTIONS:

- Dextrose 5% and Sodium Chloride 0.45% with potassium chloride 20 mEq/liter infuse at \_\_\_\_\_ ml/hour
- Other: \_\_\_\_\_

MEDICATIONS: prophylactic antibiotics (to be completed within 24 hours of surgery)

- Cefazolin (Ancef) 1 gram IVPB every 6 hours x 3 doses
- Clindamycin (Cleocin ) 600 mg IVPB every 6 hours x 3 doses,
- Vancomycin 1 gram IVPB every 12 hours x 2 doses, indication: \_\_\_\_\_
- Other: \_\_\_\_\_

Analgesics:

- PCA see order sheet CHH #827
- Oxycodone/acetaminophen (Percocet) 5/325 mg two (2) tablets PO every 4 hours PRN for moderate -severe pain, (maximum of 4 grams acetaminophen per 24 hours)

Anti-coagulation:

- Warfarin (Coumadin) 5 mg PO tonight
- No aspirin, Toradol or NSAIDS while on Coumadin
- Enoxaparin (Lovenox) 30 mg Subcutaneous every 12 hours: Start \_\_\_\_\_
- Enoxaparin (Lovenox) 40 mg Subcutaneous every 24 hours Start \_\_\_\_\_

Physician's Initials: \_\_\_\_\_

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**Other Medications:**

- Ondansetron (Zofran)** 4 mg IV every 8 hours PRN for nausea or vomiting
- Diphenhydramine (Benadryl)** 12.5 mg IV every 6 hours PRN for itching
- Bisacodyl suppository (Dulcolax)** 10 mg rectally daily PRN for constipation
- Milk of Magnesia** 30 ml PO every AM for constipation
- Sennoside/docusate (Senokot-S)** 1 tablet PO BID for constipation

**PATIENT CARE:**

- Fleet's** enema per rectum daily PRN for constipation
- POC blood glucose AC/HS
- Record wound drainage and empty every shift
- Record intake and output every shift
- Keep abduction pillow between legs at all times
- Keep heels off bed and assess heels every shift for redness
- Heel protectors to prevent pressure injuries PRN
- Indwelling urinary catheter to bedside drainage, discontinue post operative day #1
- Intermittent bladder catheterization, if unable to void 8 hours after urinary catheter removal
- Knee high elastic stocking(s) to \_\_\_\_ both lower extremities \_\_\_\_ right leg \_\_\_\_ left leg  
(if limb not in ace wrap)
- Sequential compression device(s) to \_\_\_\_ both lower extremities \_\_\_\_ right leg \_\_\_\_ left leg  
(make sure ventilation is on)
- Overhead trapeze
- Reinforce wound dressing until orthopaedic services changes dressing; THEN
- Daily dressing changes (after orthopaedic service changes dressing first time)
- Ice pack to surgical site for pain and swelling after exercise, no longer than 20 minutes at a time

**LABORATORY:**

- Hemoglobin and hematocrit STAT in PACU
- CBCw/diff daily x 3 days
- BMP (basic metabolic panel) daily x 2 days
- PT/INR daily, if on **Coumadin**, starting post operative day #1

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**RESPIRATORY:**

- Continuous pulse oximetry if on PCA
- Continue to place pulse oximetry while asleep
- Incentive Spirometry: Respiratory to instruct patient to use 10 times every hour, while awake
- Oxygen titration protocol to maintain saturation greater than or equal to 92%; indication: \_\_\_\_\_

**CONSULTS:**

- Consult \_\_\_\_\_ indication: medical management
- Consult Pharmacist, indication: regulate **warfarin**, keep PT/INR between 2-3
- Consult Physical Therapy, indication: \_\_\_\_\_
- Consult Occupational Therapy, indication: ADLs
- Consult Social Work, indication: placement
- Consult Dietician, indication: \_\_\_\_\_
- Consult Respiratory Therapy, indication: smoking cessation

**COMMUNICATION:**

- Notify physician if:
  - temperature greater than 101.5° F
  - systolic blood pressure less than 90 mmHg or greater than 180 mmHg
  - pulse less than 60 beats per minute or greater than 100 beat per minute
  - urine output less than 30 ml/hour
  - oxygen saturation less than 92%
  - respiratory rate less than 12 per minute

**ADDITIONAL ORDERS:**

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

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

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