

POST-OP OUTPATIENT PHYSICIAN ORDERS

Allergies: _____

PLEASE CHECK ALL BOXES THAT APPLY: _____

- Admit to Step-down.
- Vital signs q 30 minutes.
- Clear liquids as tolerated.
- May advance to regular diet.
- Discontinue IV after tolerating PO fluids.

MEDICATIONS:

- Hydrocodone/Acetaminophen 5mg/325mg 1-2 tablets PO Q4H PRN mild to moderate pain
- Ketorolac 30mg IV/IM Q6H PRN moderate to severe pain
- Ketorolac 15mg IV/IM Q6H PRN moderate to severe pain (for >65 years or adults <50kg)
- Morphine _____mg IV/IM Q ____H PRN severe pain
- Promethazine 12.5mg IV/IM Q4H PRN nausea/vomiting
- Ondansetron 4mg IV Q4H PRN nausea/vomiting

- _____
- _____
- _____
- _____

- Up out of bed with assistance.
- Must void.
- May discharge without voiding.
- May discharge if dressing has minimal drainage.

- May discharge to home when the above orders have been completed and the patient has met the THCDs discharge criteria.

M.D. Signature

Beeper

Date/Time

Noted By Nurse

Time

Date