

UMC Health System ORTHO CONSULT PRE-OP	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Insert Urinary Catheter
 Catheter Type: Foley, Dependent Drainage Bag

Urinary Catheter Care

LLE Weight Bearing Activity
 Non Weight Bearing Weight Bearing as Tolerated
 Partial Weight Bearing Touch Down Weight Bearing

RLE Weight Bearing Activity
 Non Weight Bearing Weight Bearing as Tolerated
 Partial Weight Bearing Touch Down Weight Bearing

LUE Weight Bearing Activity
 Non Weight Bearing Weight Bearing as Tolerated
 Partial Weight Bearing

RUE Weight Bearing Activity
 Non Weight Bearing Weight Bearing as Tolerated
 Partial Weight Bearing

Elevate Extremity
 Left Lower Extremity (LLE), Apply Ice Right Lower Extremity (RLE), Apply Ice
 Left Upper Extremity (LUE), Apply Ice Right Upper Extremity (RUE), Apply Ice

Set Up for Overhead Trapeze and Frame

Apply Traction

Communication

Peripheral Nerve Block

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Hold VTE prophylaxis after 1900 for planned orthopedic procedure scheduled the next day

Dietary

NPO Diet
 T;N, NPO T;2359, NPO After Midnight
 T;2359, NPO After Midnight, Except Meds

IV Solutions

LR
 IV, 25 mL/hr
 Start IV at 23:59 when patient is NPO
 IV, 75 mL/hr
 Start IV at 23:59 when patient is NPO
 IV, 100 mL/hr
 Start IV at 23:59 when patient is NPO
 IV, 125 mL/hr
 Start IV at 23:59 when patient is NPO
 IV, 150 mL/hr
 Start IV at 23:59 when patient is NPO
 IV, 175 mL/hr
 Start IV at 23:59 when patient is NPO

TO **Read Back** **Scanned Powerchart** **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Sed Rate
	C Reactive protein
Diagnostic Tests	
	EKG-12 Lead
	DX Chest Single View
Respiratory	
	Arterial Blood Gas <input type="checkbox"/> STAT, Additional Tests: Lactate

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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

