

ORTHO POST-OP MEDICATION PLAN FOR PATIENTS
40 KG OR GREATER

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

IV Solutions

LR (Lactated Ringer's)

- IV, 75 mL/hr
- IV, 125 mL/hr
- IV, 200 mL/hr

- IV, 100 mL/hr
- IV, 150 mL/hr

D5 1/2 NS + 20 mEq KCl/L

- IV, 75 mL/hr
- IV, 125 mL/hr
- IV, 200 mL/hr

- IV, 100 mL/hr
- IV, 150 mL/hr

1/2 NS

- IV, 75 mL/hr
- IV, 125 mL/hr
- IV, 200 mL/hr

- IV, 100 mL/hr
- IV, 150 mL/hr

NS (Normal Saline)

- IV, 75 mL/hr
- IV, 125 mL/hr
- IV, 200 mL/hr

- IV, 100 mL/hr
- IV, 150 mL/hr

D5 1/2 NS

- IV, 75 mL/hr
- IV, 125 mL/hr
- IV, 200 mL/hr

- IV, 100 mL/hr
- IV, 150 mL/hr

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

aspirin

- 81 mg, PO, tab ec, Daily
- 325 mg, PO, tab ec, Daily

- 81 mg, PO, tab ec, BID

rivaroxaban

- 10 mg, PO, tab, In PM

Antibiotics

ceFAZolin

- 1 g, IVPush, inj, q8h, x 3 dose
- Begin 6 hours after preoperative dose given.
- Reconstitute with 10 mL of Sterile Water or NS
- Administer IV Push over 3 minutes

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	<input type="checkbox"/> 2 g, IVPush, inj, q8h, x 3 dose Begin 6 hours after preoperative dose given. Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	clindamycin <input type="checkbox"/> 600 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given. <input type="checkbox"/> 900 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 1 dose, Infuse over 90 min Begin 12 hours after preoperative dose given.
Scheduled Analgesics	
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access***
	acetaminophen <input type="checkbox"/> 1,000 mg, IVPB, iv soln, q6h, x 2 dose, Infuse over 15 min ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
PRN Analgesics	
	If ordering scheduled, intravenous acetaminophen for 24 hours, HYDROcodone-acetaminophen orders cannot begin until that order expires. This prevents exceeding the maximum 4000 mg/24 hours of acetaminophen. Select only ONE of the following for Mild Pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDROcodone-acetaminophen orders cannot begin until that order expires. Do not exceed 4g/day of acetaminophen
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDROcodone-acetaminophen orders cannot begin until that order expires. Do not exceed 4g/day of acetaminophen
	Select only ONE of the following for Moderate Pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDROcodone-acetaminophen orders cannot begin until that order expires. Do not exceed 4g/day of acetaminophen. Continued on next page...

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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
	<p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 mg-325 mg oral tablet)</p> <p><input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDROcodone-acetaminophen orders cannot begin until that order expires. Do not exceed 4g/day of acetaminophen.</p>
	<p>traMADol</p> <p><input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if ordered****</p> <p><input type="checkbox"/> 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if ordered****</p>
	<p>oxyCODONE</p> <p><input type="checkbox"/> 5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 10 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)</p>
	<p>Select only ONE of the following for Severe Pain</p> <p>morphine</p> <p><input type="checkbox"/> 2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10) ****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered****</p> <p><input type="checkbox"/> 4 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10) ****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered****</p>
	<p>HYDROmorphine</p> <p><input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.5 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)</p> <p><input type="checkbox"/> 1 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)</p>
Muscle Relaxant	
	<p>Oral methocarbamol is not FDA approved in patients less than 16 years of age.</p> <p>methocarbamol</p> <p><input type="checkbox"/> 500 mg, PO, tab, q6h, PRN muscle spasms <input type="checkbox"/> 750 mg, PO, tab, q6h, PRN muscle spasms</p> <p><input type="checkbox"/> 500 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.</p> <p>Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion.</p> <p><input type="checkbox"/> 750 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.</p> <p>Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion.</p>
Gastrointestinal Agents	
	<p>docusate</p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation ****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered****</p> <p><input type="checkbox"/> 100 mg, PO, cap, BID ****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered****</p>
	<p>bisacodyl</p> <p><input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>

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