

Pressure Ulcer Surgical Reconstruction Post-Op Orders*Verbal Orders are to be read back to prescriber**(Please use ball point pens ONLY and press firmly)*Transportation Information: ☐ WC ☐ CART ☐ BED ☐ PORTABLE ☐ O₂ ☐ IV

1. Admit to _____ Attending Physician: Dr. _____
2. Diagnosis: _____
3. Procedure: _____
4. Condition: ☐ Stable ☐ Serious ☐ Critical
5. Allergies: _____
6. Vital Signs: every 1 hour x 2, every 4 hours x 2, then every shift if stable.
7. Call HO if: Temp. greater than 101.5° F, BP less than _____ or greater than _____, HR less than _____ or greater than _____, RR less than _____ or greater than _____, u/o less than 30 mL/hour
8. I & O every shift.
9. ☐ Foley catheter to dependent drainage. ☐ Straight catheterize every _____ hours.
10. Diet: Advance to ☐ General ☐ Low Residue ☐ _____ cal. ADA ☐ Low Salt diet as tolerated.
11. IV Fluids: D₅/0.45 NaCl at _____ mL/hour may cap IV fluids when tolerating diet.
12. Specialty Bed: ☐ DFS 3 ☐ Zoneair ☐ Other _____ ☐ None
13. Activity: Bedrest ☐ HOB Flat ☐ HOB less than 20 ☐ Trapeze on bed ☐ Turn every 2 hours
Support affected extremity in a neutral position with turning. Assist with turning.
14. Elimination: ☐ Colostomy ☐ Bowel Program per patient. Routine - hold until POD2.
15. Drains: Empty and record output every shift. ☐ Davol to _____. ☐ Surgidyne at 275 mm Hg continuous suction to _____ ☐ JP to bulb suction, empty and record every _____ hours.
16. Wound Care: ☐ discontinue postop drsg POD2, begin incision line care BID (½ H₂ O₂ with ½ NaCl followed by NaCl rinse)
☐ wound care/drsg change per Physician
17. Labs: ☐ CBC in am ☐ Albumin POD2 ☐ Prealbumin POD2 ☐ Other _____
18. Dietary consult to evaluate nutritional status and optimize wound healing.
19. Social Services consult - discharge planning
20. Spinal Cord Injury Center (SCIC) consults per Plastics protocol. Notify SCIC Rehab. Case Manager and Nurse Specialist of patient admission. SCIC Psychology and SCIC Physical Therapy for evaluation and treatment.

Provider Signature: _____ ID No: _____

Date: _____ Time: _____

RN Signature: _____ Date/Time: _____

SIGNATURE, CREDENTIALS, DATE AND TIME REQUIRED WITHIN 48 HOURS FOR VERBAL AND TELEPHONE ORDERS.

Physician Orders



2490

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21. Medications:

Antibiotics: see antibiotic order sheet

Analgesics: see standard opioid order sheet for pain medications

- Prns: ☐ Diphenhydramine (Benadryl) 25 mg IV/PO at bedtime PRN for insomnia. May repeat x 1.
☐ Bisacodyl suppository (Dulcolax) 10 mg pr daily PRN constipation.
☐ Prochlorperazine (Compazine) 10 mg IV/PO every 8 hours PRN for N & V.
☐ Maalox plus 30 mL QID PRN epigastric distress.

- Scheduled: ☐ One multivitamin with minerals PO daily
☐ Zinc supplement 220 mg PO daily x 2 wks.
☐ Vitamin C 500 mg PO BID.
☐ Ferrous Sulfate 300 mg PO BID.

Other: _____

Provider Signature: _____ ID No: _____
Date: _____ Time: _____
RN Signature: _____ Date/Time: _____

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