

Allergies: _____

Diagnosis/ Procedure: _____ Right Left

Admission status: Inpatient Observation SDC Admit to: E3 or: _____

NURSING INTERVENTIONS: (Check box/ fill in to activate)

Vital signs: in 15 minutes X 1, then in 30 minutes X 1, then every 1 hr X 2, then every 4 hours X 24 hrs, then every 8 hrs

Neuro checks: every 15 minutes X 1, every 1 hour X 2, every 4 hours X 12 hours, then every 8 hours and PRN

Ice bag to operative area X 48 hours then PRN

SCDs

I & O every 8 hours until voiding on own

If respiratory rate less than 10 per minute or sedation level 1, then monitor respirations every 15 - 30 minutes until greater than or equal to 12 per minute

O₂ at 0 - 3 L PRN O₂ sats less than or equal to 92% or new onset of confusion

Incentive spirometry every 1 - 2 hours while awake, starting day of surgery

Elevate extremity and ice

If Foley placed in OR, remove by 0500 on POD # 2

If no Foley: Straight cath for BUS residual greater than 300 mL or patient uncomfortable.

If 2nd straight cath needed, insert Foley. Discontinue within 24 hours

Dressings/ Drains: _____

Notify physician if:

Temperature 38.5°C or greater

Respiratory rate less than 10 per minute

Sedation level 1

Greater than 3 L O₂ used

DIETARY: (Fill in to activate)

Diet as tolerated

Other: _____

IV THERAPY: (Fill in to activate)

IV Fluid: _____ to infuse at _____ mL/ hour, then _____

When tolerating PO, discontinue IV and change to saline lock. Discontinue saline lock POD # 2

LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate)

Hct POD # 1 Hct POD # 2 PT/ INR daily

Other: _____

Blood: Hold Sample Type & Screen Type and Crossmatch: RBC's _____ units

CONSULTS: (Check box/ fill in to activate)

Physical Therapy: _____

Equipment for discharge per PT/ OT

Outpatients:

Social Work Services: _____

Discharge to home when eating, ambulating, and comfortable. Shower & dressings: _____

Follow up: _____

Physician Signature

Date

Time

VTE RISK ASSESSMENT: (Check appropriate box)

Pulmonary Embolism = PE

1	<input type="checkbox"/> Standard PE & Standard major bleeding risks	3	<input type="checkbox"/> ELEVATED PE & Standard major bleeding risks
2	<input type="checkbox"/> Standard PE & ELEVATED major bleeding risks	4	<input type="checkbox"/> ELEVATED PE & ELEVATED major bleeding risks

MEDICATIONS: (Check box/ fill in to activate)

Pharmacist may adjust doses for age or renal function

*Not to exceed 4000 mg of acetaminophen/ 24 hours. **If 65 or older**, do not exceed 3000 mg of acetaminophen/ 24 hours

<p>1 STANDARD PE & STANDARD BLEEDING RISKS:</p> <p><input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacy, goal INR: 1.8 – 2.3, start postop evening</p> <p><input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously once daily, start _____ (date & time)</p> <p><input type="checkbox"/> enteric coated aspirin 325 mg PO twice daily</p>	VTE Prophylaxis
<p>2 STANDARD PE & ELEVATED BLEEDING RISKS:</p> <p>4 ELEVATED PE & ELEVATED BLEEDING RISKS:</p> <p><input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacy, goal INR: 1.8 – 2.3, start postop evening</p> <p><input type="checkbox"/> enteric coated aspirin 325 mg PO twice daily</p> <p><input type="checkbox"/> No medication</p>	
<p>3 ELEVATED PE & STANDARD BLEEDING RISKS:</p> <p><input type="checkbox"/> warfarin (COUMADIN) dosing per pharmacy, goal INR: 1.8 – 2.3, start postop evening</p> <p><input type="checkbox"/> dalteparin (FRAGMIN) 5000 units subcutaneously once daily, start _____ (date & time)</p> <p><input type="checkbox"/> ceFAZolin (ANCEF) 1 g IV every 8 hours X 2 postop doses. If 80 kg or greater, increase to 2 g. If allergic, clindamycin 600 mg IV every 8 hours X 2 postop doses. If 80 kg or greater, increase to 900 mg</p> <p><i>Give 1st post-op dose at next standard administration time, regardless of when preop dose was given</i></p>	Prophylaxis Antibiotic
<p><input type="checkbox"/> HYDROmorphine (DILAUDID) PCA Orders <input type="checkbox"/> morphine PCA Orders <input type="checkbox"/> fentaNYL PCA Orders</p>	Mild to Severe Pain PCA
<p><input type="checkbox"/> morphine 1 - 5 mg IV every 1 hour PRN. If allergic or if morphine ineffective, HYDROmorphine (DILAUDID) 0.2 - 1 mg IV every 2 hours PRN. If pain unrelieved in 2 hours, call physician</p>	Severe Pain (7-10) IV
<p><input type="checkbox"/> oxyCODONE 5 - 15 mg PO every 4 hours PRN</p>	Severe Pain (7-10) PO
<p><input type="checkbox"/> *HYDROcodone/ acetaminophen 5 mg/ 325 mg (NORCO) 1 - 2 PO every 4 hours PRN</p> <p><input type="checkbox"/> ibuprofen (MOTRIN) 600 mg PO every 6 hours PRN. Do not administer concurrently with ketorolac (TORADOL)</p>	Moderate Pain (4-6) PO
<p><input type="checkbox"/> ketorolac (TORADOL) 15 mg IV every 6 hours PRN. Discontinue when tolerating PO ibuprofen (if ordered)</p>	Moderate Pain (4-6) IV
<p><input type="checkbox"/> hydrOXYzine (VISTARIL) 25 - 50 mg PO every 4 hours PRN if narcotics ineffective alone. Do not give if 65 or older</p>	Moderate to Severe Pain Adjunct
<p><input type="checkbox"/> *acetaminophen (TYLENOL) 325 - 650 mg PO every 4 hours PRN</p>	Headache, Temp >38° C, Mild Pain (1-3)
<p><input type="checkbox"/> cyclobenzaprine (FLEXERIL) 5 - 10 mg PO every 6 hours PRN. If 65 or older, 5 mg PO every 8 hours PRN</p>	Muscle Spasms
<p><input type="checkbox"/> diphenhydrAMINE (BENADRYL) 25 - 50 mg PO/ IV every 4 hours PRN. If 65 or older, diphenhydrAMINE (BENADRYL) 25mg PO/ IV every 4 hours PRN <i>severe</i> itching or loratadine (CLARITIN) 10 mg PO daily PRN <i>minor</i> itching</p>	Itching
<p><input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older). May repeat X 1</p>	Insomnia
<p><input type="checkbox"/> ondansetron (ZOFTRAN) 8 mg PO every 6 hours PRN</p> <p><input type="checkbox"/> prochlorperazine (COMPAZINE) 5 mg PO every 6 hours PRN (2nd choice if ondansetron ordered & ineffective)</p>	Nausea & Vomiting PO
<p><input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN</p> <p><input type="checkbox"/> prochlorperazine (COMPAZINE) 2.5 - 5 mg IV every 4 hours PRN (2nd choice if ondansetron ordered & ineffective)</p>	Nausea & Vomiting IV
<p><input type="checkbox"/> magnesium hydroxide/ aluminum hydroxide/ simethicone (MAALOX) 15 mL PO QID PRN</p>	Indigestion
<p><input checked="" type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools</p> <p>senna/ docusate 8.6 mg/ 50 mg (SENOKOT-S) 1 PO BID. Hold for loose stools</p> <p>polyethylene glycol (MIRALAX) 17 g PO daily. Hold for loose stools</p> <p>If no BM in 48 hours, bisacodyl (DULCOLAX) suppository PR X 1. If no results, FLEETS or warm tap water enema PRN</p>	Constipation
<p><input checked="" type="checkbox"/> lidocaine 2% jelly (URO-JET) apply PRN</p>	Foley Placement Pain

Physician Signature

Date

Time



Assessment of elevated risk (greater than standard risk) of PULMONARY EMBOLISM (PE):

Previous history of cancer, thromboembolism
Hypercoagulable states (ie., polycythemia, spinal cord injury, multi-trauma patients)
Previous documented pulmonary embolism
Genetic predisposition for developing pulmonary embolism

Assessment of elevated risk (above standard risk) of MAJOR BLEEDING:

Previous history of uncontrolled bleeding
Known coagulation factor deficiency
Recent history of GI bleeding
Recent hemorrhagic stroke

For patients with:

- ① Standard risk of PE and standard risk of major bleeding; use Aspirin, LMWH, Fondaparinux or Warfarin
- ② Standard risk of PE and ELEVATED risk of major bleeding; use Aspirin, Warfarin, or none
- ③ ELEVATED risk of PE and standard risk of major bleeding; use LMWH, Fondaparinux, or Warfarin
- ④ ELEVATED risk of PE and ELEVATED risk of major bleeding; use Aspirin, Warfarin, or none

Adapted from AAOS Clinical Practice Guideline on Prevention of Pulmonary Embolism in patients Undergoing Total Hip or Knee Arthroplasty (published May 2007)