




<p style="text-align: center;"><b>THE UNIVERSITY OF KANSAS HOSPITAL</b> <b>KUMED</b> 3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <b>DT0017</b>	<p>PATIENT LABEL</p>
<b>PHYSICIAN'S ORDER FORM</b>		

DATE & TIME	#	<b>ORDERS</b> <b>FOOT/ANKLE SURGERY POST-OPERATIVE</b>
		<b>Reference:</b>
	1.	<b>Attending Physician:</b> _____ <b>Pager:</b> _____ <b>Resident Physician:</b> _____ <b>Pager:</b> _____
	2.	<b>Allergies:</b> _____ <b>Weight:</b> _____ kg
	3.	<b>Admit to:</b> Unit 43 <input type="checkbox"/> Extended recovery <input type="checkbox"/> Inpatient status <input type="checkbox"/> Observation status <input type="checkbox"/> Private room medically necessary
	4.	<b>Code Status:</b> <input type="checkbox"/> Full Code <input type="checkbox"/> DNR <input type="checkbox"/> Partial Code: _____
	5.	<b>Diet:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic kcal: <input type="checkbox"/> 2200 <input type="checkbox"/> 2000 <input type="checkbox"/> 1800 <input type="checkbox"/> NPO <input type="checkbox"/> Other:
	6.	<b>Isolation:</b> <input type="checkbox"/> Airborne for: _____ <input type="checkbox"/> Contact for: _____ <input type="checkbox"/> Contact with mask for: _____ <input type="checkbox"/> Droplet for: _____ • Nursing may also implement precautions per Infection Prevention policy.
	7.	<b>Activity:</b> • Weight bearing status of affected extremity: <input type="checkbox"/> Non-weight bearing <input type="checkbox"/> Flat-foot weight-bearing <input type="checkbox"/> Partial-weight bearing: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> As tolerated <input type="checkbox"/> Elevate affected extremity on 3 pillows <input type="checkbox"/> Out of bed to chair with assistance on POD# 1, maintaining prescribed weight bearing limit <input type="checkbox"/> Patient to use bedside commode
	8.	<b>Vital Signs:</b> • q 4 hours for 48 hrs • q 8 hrs when all drains are discontinued
	9.	<b>Nursing:</b> • Neurovascular assessment q 4 hrs for 48 hrs then q 8 hrs <input type="checkbox"/> I&O q 8 hrs until drain, catheter and IV are discontinued <input type="checkbox"/> Urinary catheter and management <input type="checkbox"/> DC urinary catheter on POD# 1 <input type="checkbox"/> Intermittent straight catheterization if unable to void in 8 hrs <input type="checkbox"/> Thigh high compression hose to non-operative leg. (remove 30 – 60 minutes q shift) <input type="checkbox"/> Place pillow under leg to keep heel off of bed <input type="checkbox"/> Intermittent knee high SCD's lower extremities: <input type="checkbox"/> unilateral <input type="checkbox"/> bilateral <input type="checkbox"/> Overhead frame with trapeze <input type="checkbox"/> Monitor FSBS q ac, hs

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DATE & TIME	#	ORDERS FOOT/ANKLE SURGERY POST-OPERATIVE
	10.	<p><b>Notify Physician if:</b></p> <ul style="list-style-type: none"> <li>• SBP &gt; 170 or &lt; 80</li> <li>• HR &gt; 120 or &lt; 60</li> <li>• RR &gt; 30 or &lt; 8</li> <li>• SpO2 &lt; 92%</li> <li>• Temp &gt; 38.5° C.</li> <li>• Urine output &lt; 250 mL in 8 hrs</li> <li>• Wound drainage &gt; 200 mL in 2 hrs or &gt; 400 mL in 8 hrs</li> <li>• Decline in neurovascular status</li> <li>• Unrelieved pain, nausea or vomiting</li> <li>• Other:</li> </ul>
	11.	<p><b>Laboratory:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CBC and BMP in AM daily</li> <li><input type="checkbox"/> PT/INR in AM daily</li> <li><input type="checkbox"/> CBC and BMP in PACU</li> <li><input type="checkbox"/> Other:</li> </ul>
	12.	<p><b>Respiratory:</b></p> <ul style="list-style-type: none"> <li>• Incentive spirometry 10 breaths q hr while awake</li> <li>• Increase frequency of incentive spirometry if Temp &gt; 38.5° C.</li> <li>• Apply Respiratory Therapy Protocol</li> <li><input type="checkbox"/> Exempt from Respiratory Therapy Protocol. (write detailed orders for respiratory care):</li> </ul>
	13.	<p><b>Radiology :</b></p> <ul style="list-style-type: none"> <li>• Select: <input type="checkbox"/> Right LE <input type="checkbox"/> Left LE Reason: _____</li> <li><input type="checkbox"/> Foot 3 views X Ray</li> <li><input type="checkbox"/> Ankle 2 views X Ray</li> <li><input type="checkbox"/> Ankle 3 views X Ray</li> <li><input type="checkbox"/> Tibia and Fibula 2 views X Ray</li> <li><input type="checkbox"/> Other: _____ Reason: _____</li> </ul>
	14.	<p><b>Consults:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rehab reason: _____</li> <li><input type="checkbox"/> Pain Management reason: _____</li> <li><input type="checkbox"/> Physical therapy consult for progressive mobility, safety and exercise protocol</li> <li><input type="checkbox"/> Occupational therapy consult for ADL evaluation, adaptive devices and patient education</li> <li><input type="checkbox"/> Other reason: _____</li> </ul>
	15.	<p><b>Medications:</b></p> <p><b>IV Fluids:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> D5 0.45 NS + 20 mEq KCl at _____ mL/hr</li> <li><input type="checkbox"/> 0.45 NS + 20 mEq KCl at _____ mL/hr</li> <li><input type="checkbox"/> 0.9 NS + 20 mEq KCl at _____ mL/hr</li> <li><input type="checkbox"/> Other: _____</li> <li>• Decrease rate to 30 mL/hr when patient tolerating solid food.</li> <li>• Saline lock IV when PCA is discontinued.</li> <li>• Saline lock flush with 2-3 mL 0.9% NS IV q 8 hrs and after each use.</li> </ul>

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