




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

DATE & TIME	#	ORDERS
		UPPER EXTREMITY SURGERY/POST-OPERATIVE
		References:
	1.	Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____
	2.	Allergies: _____ Weight: _____ kg
	3.	Admit to: _____ <input type="checkbox"/> Extended recovery <input type="checkbox"/> Inpatient status <input type="checkbox"/> Observation status <input type="checkbox"/> Private room medically necessary
	4.	Code Status: <input type="checkbox"/> Full Code <input type="checkbox"/> DNR <input type="checkbox"/> Partial Code: _____
	5.	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic diet kcal: <input type="checkbox"/> 2200 <input type="checkbox"/> 2000 <input type="checkbox"/> 1800 <input type="checkbox"/> Other: _____
	6.	Isolation: <input type="checkbox"/> Airborne for: _____ <input type="checkbox"/> Contact for: _____ <input type="checkbox"/> Contact with mask for: _____ <input type="checkbox"/> Droplet for: _____ <ul style="list-style-type: none"> • Nursing may also implement precautions per Infection Prevention policy.
	7.	Activity: Weight bearing status of <input type="checkbox"/> RUE <input type="checkbox"/> LUE: <input type="checkbox"/> non-weight bearing <input type="checkbox"/> partial weight-bearing <input type="checkbox"/> as tolerated <input type="checkbox"/> No gripping or lifting <input type="checkbox"/> Keep patient in shoulder immobilizer at all times <input type="checkbox"/> Elevate on pillows for comfort <input type="checkbox"/> Immobilize and elevate in pillowcase sling for hand injury <input type="checkbox"/> Out of bed to chair on POD# 1 <input type="checkbox"/> Microvascular precautions: Room temperature ≥ 80 degrees. May have fan in room. No caffeine, chocolate or nicotine allowed. <input type="checkbox"/> Other restrictions: _____
	8.	Vital Signs: <ul style="list-style-type: none"> • q 4 hrs for 48 hrs. • q 8 hrs when all drains are discontinued. <input type="checkbox"/> Free tissue transfer patients: Monitor vital signs q hr for 4 hrs, then q 4 hrs. Record temperature probe q hr and report to resident if temp varies by 2° C.



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9.		<p>Nursing:</p> <ul style="list-style-type: none"> • Neurovascular assessment q 4 hrs for 48 hrs then q 8 hrs. <input type="checkbox"/> I&O q 8 hrs until drain and IV are discontinued. <input type="checkbox"/> JP drain management: record drainage q 4 hrs <input type="checkbox"/> Test tube drain: change tubes q 15 minutes x 2, <ul style="list-style-type: none"> • then q 30 minutes x 2, • then q 60 minutes x 4, • then q 4 hrs until drain discontinued by physician. • Record total output q 8 hrs. <input type="checkbox"/> Intermittent SCD's on bilateral lower extremities. <input type="checkbox"/> Foot pumps on bilateral lower extremities. <input type="checkbox"/> Discontinue foley catheter on POD# 1 if pt not on bed rest. Notify physician if no void in 8 hrs.
10.		<p>Notify Physician if:</p> <ul style="list-style-type: none"> • SPB > 160 or < 90 • HR > 110 or < 60 • RR > 20 or < 8 • Temp > 38.5° C • Urine output < 240 mL in 12 hrs
11.		<p>Laboratory:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBC and BMP in PACU <input type="checkbox"/> CBC and BMP in AM daily <input type="checkbox"/> PT/INR in AM daily <input type="checkbox"/> Other: _____
12.		<p>Respiratory:</p> <ul style="list-style-type: none"> • Incentive spirometry 10 breaths q hr while awake • Increase frequency of incentive spirometry if Temp > 38.5° C • Apply Respiratory Therapy Protocol <input type="checkbox"/> Exempt from Respiratory Therapy Protocol. (write detailed orders for respiratory care): _____
13.		<p>Radiology :</p> <ul style="list-style-type: none"> • X-Ray in PACU of <input type="checkbox"/> RUE <input type="checkbox"/> LUE reason: _____ <input type="checkbox"/> Shoulder 2 views <input type="checkbox"/> Humerus 2 views <input type="checkbox"/> Elbow 2 views <input type="checkbox"/> Forearm 2 views <input type="checkbox"/> Wrist 3 views <input type="checkbox"/> Hand 3 views <input type="checkbox"/> Other: _____
14.		<p>Consults:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Occupational Therapy consult to evaluate and treat. <input type="checkbox"/> Physical Therapy consult to evaluate and treat. <input type="checkbox"/> OT Hand Therapy consult to evaluate and treat.

<p>UPPER EXTREMITY SURGERY/POST-OPERATIVE</p>	<p>(Page 2 of 3)</p>
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