Post-Operative Orders

1. ☑ Patient to PAR ☐ Admit Patient to Hospital Floor

2. Dx: CLOSED REDUCTION (R) 2nd and 3rd Met.

3. Vitals: ☑ Per Routine ☐ Other: ______________________________

4. ☑ NKDA ☐ Allergy to: ______________________________

5. ☑ Elevate [Right/Left] Foot
   ☑ Circulation check to [Right/Left] foot Q 10 minutes until stable. If not stable at 30
     minutes, call Dr. Hoyal.
   ☐ Check Blood Glucose x1
   ☐ X-Ray [Right/Left] [Foot/Ankle] [2/3 Views]
   ☐ Other: ______________________________

6. Diet: ☑ Regular ☐ ADA 2000

7. ☐ Toradol 30 mg IV x1
   ☐ Vicodin ES 1-2 Tabs po Q 4 H for pain
   ☐ Codiene #3 1-2 Tabs po Q 4 H for pain
   ☐ Demerol 50 mg IV or 1-2 Tabs po Q 4 H for severe pain

8. ☑ Post-Op Shoe ☐ Cast Shoe to [Right/Left]
   ☑ Weightbearing ☑ Non-weightbearing [Right/Left]
   ☑ Crutch Train
   ☑ Dispose of Crutches

9. Discharge to home when discharge criteria met.

___________________________  ____________________________
Dr. Hoyal 4/4/10 NY5 FK