: Post OP Orders

Order No.	Time	Date	Room	Entered By	Priority ☐ STAT ☐ NORMAL	Faxed/ Complete	Initials/ Signature
	Vital Signs q 15 min. x 4, then q 30 min, x4, the q 1 hr. x 4, then q.i.d., if stable						
	I & O for 24 hrs. q8hrs.						
	Turn & Cough q 2 hrs, during waking hours						
	Foley to straight drainage						
	Semi-Fowler position in bed.						
	Keep NPO except Rx						
	I.V. Fluids:						
	Allow present I.V. of _____ to run @ 125 cc. hr.						
	Follow with 1000cc R/L)						
	Follow with 1000cc D/5/W) > Allow each to run @ 125 cc. hr						
	Follow with D/5/S) Repeat series when complete						
	Phenergan 25mg q3-4hrs. prn nausea, vomiting IV or IM						
	Seconal 100mg p.o. hs prn sleep						
	Demoral 50 mg)						
	Phenergan 25 mg) I.V. Or IM q3-4 hrs. prn pain					☐ An Approved Equivalent Drug May Be Dispensed Unless Checked	
	Hct., Hgb in AM						

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