**PHYSICIAN'S ORDER SHEET**

**ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT**

**AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.**

### TOTAL (Left or Right) KNEE ARTHROPLASTY - CLINICAL PATHWAY

**DAY 1**

<table>
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**CROSS THROUGH AND INITIAL ORDERS NOT APPLICABLE**

**DATE:**

**TIME:**

 kém Military Time

**ADMIT PATIENT TO:**

**DIAGNOSIS:**

**ACTIVITY:**

1. Bedrest (day of surgery)
2. OOB chair BID (Beginning POD #1)
3. Weight bearing status ________________

**LABS:**

1. CBC in PACU and Q am x 3
2. PT and INR Q am

**RADIOLOGY:**

A.P. & Lat of _____LEFT _____RIGHT knee in PACU (check one)

**DIET:**

Advance as tolerated Post-Op

**MEDICATIONS:** (check options or cross out)

- Lovenox 30 mg S.Q. B.I.D. 1st Dose TIME: 18:00 Hours DATE:
- Coumadin __________ mg 1st Dose TIME: 18:00 Hours DATE:
- Antiemetic prn __________________ (Drug Name) Route, Dose & Timing
- Laxative / Stool softener __________________ (Drug Name) Route, Dose & Timing
- Antibiotics __________________ (Drug Name) Route, Dose & Timing
- Antibiotics __________________ (Drug Name) Route, Dose & Timing
- Antibiotics __________________ (Drug Name) Route, Dose & Timing

**OTHER MEDICATIONS:**

**USE BALL POINT PEN ONLY - PRESS FIRMLY**

**PART OF THE MEDICAL RECORD**

Doctor's Signature ____________________________, MD Date __________

Nurse's Signature / Title ____________________________

Military Time > >
PAIN MANAGEMENT: (check options or cross out)

- Epidural pain management [See Acute Pain Service (APS) orders for Epidural & Intrathecal Analgesia]
- OR -

__________________ (Drug Name) ______________________ (Route, Dose & Timing)

I & O q 8 hours

Encourage coughing and deep breathing q 1 hour while awake

Turn and reposition q 2 hours

Position foot of bed and gatch knee of bed

Ice to operative site

Pneumatic compression device _____ Pleipulse or _____ SCUDS (check one)

Bilateral long TEDS

Knee Immobilizer to operative knee

Auto-transfusion (transfuse within 4 hours, may repeat x1, then convert to hemovac)

Foley catheter if unable to void within 8 hours Post-Op

Continuous Passive Motion Machine. Set at _____ degrees of flexion, beginning on _______________ (date) at__________________ (military time).

Incentive Spirometer q 1 hour while awake

IV: ___________ at ________ ml/hr continuously. Convert to saline lock once tolerating PO fl

VITAL SIGNS q 8 hours

PHYSICAL THERAPY consult for ambulation and strengthening exercises, starting POD #1 and once a day thereafter

OCCUPATIONAL THERAPY consult for ADL’s to start POD #1 and once a day thereafter

SOCIAL SERVICE & CASE MANAGEMENT (CM) consults for D/C planning

Doctor's Signature ________________________________ MD Date __________

Nurse's Signature / Title ________________________________