

# WESTERN MARYLAND HEALTH SYSTEM

## Medication Administration Record

### TOTAL JOINTS – DAY OF SURGERY

Date: \_\_\_\_\_

MEDICATION ORDER	SCHED TIMES	0701-1500	1501-2300	2301-0700
Antibiotic: _____ IV every _____ hrs times _____ doses. First dose to be given at _____ hours.				
Warfarin ( Coumadin ®) _____mg PO on arrival to floor day of surgery, then per INR Sliding Scale				
Oxycodone(Oxycontin®) 10mg PO post-op on arrival to floor and repeat in 12 hours times one dose				
Ondansetron(Zofran®) 4mg IV q6h times 24 hours, then q4h prn nausea/vomiting <b>(PLEASE START IN PACU)</b>				
Metoclopramide (Reglan®) 10mg IV q6h times 24 hours, then q6h prn nausea/vomiting. <b>(PLEASE START IN PACU)</b>				
Ketorolac(Toradol®) 30mg q6h IV times 24 hours for pain. <b>(PLEASE START IN PACU) - OR -</b>				
Ketorolac(Toradol®) 15mg q6h IV times 24 hours for pain if patient more than 65 years old, is less than 50kg weight or has Renal Insufficiency <b>(PLEASE START IN PACU)</b>				
<b>**** PRE MEDICATE PATIENTS PRIOR TO CPM, OCCUPATIONAL / PHYSICAL THERAPY ****</b>				
Patient can have Oxycodone/Acetaminophen(Percocet®), Propoxyphene Napsylate/Acetaminophen (Darvocet®), Morphine or Meperidine (Demerol®) for breakthrough pain as ordered.				
Oxycodone 5 mg/Acetaminophen* 325 mg (Percocet®) 2 tablets PO q3h prn severe pain.				
Propoxyphene Napsylate 100mg/Acetaminophen* 650mg (Darvocet-N 100®) 2 tablets PO q4h prn mild pain or if patient not able to tolerate Oxycodone 5mg/Acetaminophen 325mg (Percocet®)				
Morphine _____ mg IV every _____ hours; titrate up to _____mg every _____ hours prn severe pain.				
Meperidine (Demerol®) _____ mg IV q3h prn pain				
Promethazine (Phenergan®) _____ mg IV q3h prn				
Zolpidem(Ambien®) 5 mg PO at bedtime prn sleep.May repeat times 1				
Diphenhydramine (Benadryl ®) 25 mg IV or PO q4h prn itching.				
Bisacodyl (Dulcolax®) suppository per rectum, daily prn				
Magnesium/Aluminum Hydroxide (Maalox®) 30mL PO QID prn				
Cepacol Lozenges prn at bedside				
Acetaminophen* (Tylenol®) 650 mg PO q4h prn temperature 102 degrees and greater and/or mild discomfort. <i>*Maximum daily dose of Acetaminophen not to exceed 4 grams</i>				
<b>*** No injections in either hip ***</b>				
<b>SIGNATURE</b>	<b>INITIALS</b>	<b>SIGNATURE</b>	<b>INITIALS</b>	