WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS

DOCTORS ORDERS **POST-OP CAROTID ENDARTERECTOMY - DR. NELSON**	**CHECK OFF/ INITIALS**
Admit to: ☐ CVU ☐ ICU	
Operation:	
Surgeon:	
STAT – Portable chest x-ray	
Dextran 40 (Gentran®) at 25 mL/hour	
Intravenous Fluid - ☐ Dextrose 5% / 0.45% Sodium Chloride at _____ mL/hour or ☐ 0.9% Sodium Chloride at _____mL/hour	
Vital signs every 15 minutes X 4, every 30 minutes X 2, every one hour X 4, then every 4 hours.	
Neurovascular checks every 15 minutes X 1 hour, then every 1 hour for four times, then every 4 hours.	
Diet: Sips and chips. Progress to ☐ 1800 ADA _____ ☐ Regular _____ ☐ Other _____	
Intake and output	
Daily weight	
Jackson-Pratt drain to bulb suction.	
Call M.D./P.A. if drainage greater than 50 mL per hour or if hematoma develops.	
Activity: Operation day – may get patient up to chair.	
Post Operative Day #1 - activity as tolerated. Ambulate three times a day.	
Pain Medications:	
Aspirin 325 mg 1 tablet by mouth daily.	
Oxycodone 5mg/Acetaminophen 325 mg (Percocet®) 2 tablets by mouth every 4 to 6 hours as needed.	
Acetaminophen 300mg/ Codeine 30mg (Tylenol #3®) 1 tablet by mouth every 4 to 6 hours as needed for pain.	
Ondansetron (Zofran®) 4 mg Intravenous every 4-6 hours as needed	
Post Operative Day #1 – CBC, BMP, P&A Chest x-ray.	

Physician/Date/Time:	**Nurse/Date/Time:**	**Secretary/Date/Time:**
_____	_____	_____

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart **Fax to Pharmacy**