updated 9/10/2010

Patient Label

Greater New Orleans Surgery Center

Jeffrey Sketchler, M. D.

Physician Orders **Patient Name** _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Admit to PACU Post surgery
		1. For Pain Morphine Sulfate 4 mg IV or IM (severe)
		2. IV - present fluids, to keep open, Discontinue when tolerating fluids
		3. Discharge home when awake, comfortable and discharge criteria met
		4. Office followup in 6-10 days postop (call office for appointment)
		5. Discharge meds: _____
		_____
		6. Remove bandage on: _____
		7. Call office for any unexpected severe pain, fever greater than 101 degrees or
		suspected infection
		8. Ecotrin 325 milligrams 1 pill 2 times per day at home for 14 days on lower
		extremity surgery

Date _____ **Physician Signature** _____