updated 9/10/2010

Patient Label

Greater New Orleans Surgery Center

R. William Junius III, M. D.

Physician Orders **Patient Name** _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Admit to PACU, Post Surgery
		VS per PACU until discharge
		IV _____at _____, Discontinue on discharge
		Ice and elevation of _____
		Advance to regular diet as tolerated
		Activity _____
		Pain Meds:
		❒ Morphine _____ IM q 3 hr, per pain
		❒ Vicodin 1-2 po, q 4-6 hr, prn
		❒ Vicodin ES 1-2 po, q 4-6 hr, prn
		❒ Percocet 5/325 1-2 po, q 4-6 hr prn
		❒ Percocet 7.5/325 1-2 po, q 4-6 hr prn
		Discharge to home when alert
		Return to my office on _____
		Remove entire dressing on _____
		Change Band-Aids daily there after
		May shower as of _____
		Give Instruction Sheet
		❒ Begin Aspirin 81 mg daily on post op day 1 continue for 2 weeks

Date _____ **Physician Signature** _____