updated 12/14/2011

Patient Label

Greater New Orleans Surgery Center

Luis Espinoza, M. D.

Physician Orders **Patient Name** _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure: _____ Right / Left
		Admit to PACU Post Upper extremity surgery
		Vital signs routine with Neurovascular checks
		Elevate the Arm above chest level Right / Left
		Apply cold pack to the _____ Right / Left
		IV - TKO (fluids per anesthesia)
		Check allergy history
		Meds: Vicodin ES one po q 4-6 hours prn pain
		Advance to regular diet as tolerated (use diabetic diet if paitent is a diabetic)
		Provide patient with out-patient instructions
		Discharge home when patient is stable and comfortable
		Notify Dr Espinoza of any problems (467-5900 or 889-2663)

Date _____ **Physician Signature** _____