1. Admit as inpatient to Dr.________________________

2. Diagnosis: _________________________________

3. Vital signs:  Routine

4. Ice packs to jaw

5. Elevate head of bed 30 degrees

6. Discontinue urinary catheter.

7. Irrigation Syringe, 14 g and 22 g red rubber catheters at bedside

8. Wall suction and Yankauer suction at bedside

9. #_________ suction catheter at bedside

10. Wire cutters at bedside

11. CM: SCIP - Surgical Care Improvement Project *(Nursing Order – Do Not Delete)*

12. Clear Liquid Wired Jaw Diet day 1 --- Advance to Full Liquid Wired Jaw Diet day 2

13. IV:  Dextrose 5% in Lactated Ringers 1000 mL at _________ mL per hr.

14. Consult:
**Post-Op Inpatient Oral Surgery Orders**

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Pharmacy Mnemonic: POORALP2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ANESTHESIA END TIME:** ____________________________

**Medication:** Administer medication utilizing range order guideline.

15. **Antibiotics:**

   Antibiotics should not be administered more than 24 hrs after the documented Anesthesia End Time unless specifically and additionally ordered by a physician. Suspected infection should be clearly documented.

   - **Ancef (cefazolin)** 2 g q 8 hrs IVPB x 2 doses. (If patient weighs > 120kg give 3 grams)

16. **VTE Prophylaxis:** Any of the following – (Mechanical at minimum)

   **Pharmacologic:** Begin 18 hrs post surgery/procedure stop time.

   - Heparin 5,000 units subcutaneous  □ q 8 hrs  □ q 12 hrs
   - Lovenox (enoxaparin) subcutaneous  40 mg q 24 hrs. **Pharmacy to renally adjust.**
   - Arixtra (fondaparinux) 2.5 mg subcutaneous q 24 hrs.

   **Pharmacologic prophylaxis may be combined with the following:**

   **Mechanical:** ☑SCDs  ☑SCDs plus TED hose  Begin immediately post-procedure.

17. **Pain:**  ☐ PCA - See PCA Order Sheet

   **Tylenol (acetaminophen) oral solution:**

   - Adult - 650 mg/20.3 mL q 6 hrs PRN mild pain (0.1 – 3 on the numeric pain intensity scale)

   **DO NOT EXCEED 3 grams of acetaminophen in 24 hrs.**

   - Children - ______mg PO q 4 hrs PRN mild pain (0.1 – 3 on the numeric pain intensity scale). See general dosing chart for the appropriate acetaminophen dose and max for children 12 yrs and younger.

18. **Other:**

   - Decadron (dexamethasone) IV push ________ mg q __________ hrs.
   - Phenergan (promethazine) 12.5 mg IV q 4 hrs PRN nausea.

   Regular strength Afrin Nasal Spray 2-3 sprays in each nostril bid PRN nasal congestion x 3 days.

---

Date        Time                         Physician Signature

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**DOCTOR'S ORDERS**

**REV 07/14; SD40-3**
<table>
<thead>
<tr>
<th>Age</th>
<th>Weight</th>
<th>Dose and frequency</th>
<th>Maximum daily amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 years</td>
<td>≥ 96, ≥ 43.6</td>
<td>640 mg every 4 to 6 h</td>
<td>5 doses per day (3.2 g in 24 h)</td>
</tr>
<tr>
<td>11 years</td>
<td>72 to 96, 32.7 to 42.3</td>
<td>480 mg every 4 to 6 h</td>
<td>5 doses per day (2.4 g)</td>
</tr>
<tr>
<td>9 to 10 years</td>
<td>60 to 71, 27.3 to 32.3</td>
<td>400 mg every 4 to 6 h</td>
<td>5 doses per day (2 g in 24 h)</td>
</tr>
<tr>
<td>6 to 8 years</td>
<td>48 to 59, 21.8 to 26.8</td>
<td>320 mg every 4 to 6 h</td>
<td>5 doses per day (1.6 g in 24 h)</td>
</tr>
<tr>
<td>4 to 5 years</td>
<td>36 to 47, 16.4 to 21.4</td>
<td>240 mg every 4 h</td>
<td>5 doses per day (1.2 g in 24 h)</td>
</tr>
<tr>
<td>2 to 3 years</td>
<td>24 to 35, 10.9 to 15.9</td>
<td>160 mg every 4 h</td>
<td>5 doses per day (800 mg in 24 h)</td>
</tr>
</tbody>
</table>

Table reference: Clin-eguide