

SPINE AND ORTHO INSTITUTE OUTPATIENT CARPAL TUNNEL ORDERS

Diagnosis: _____

Surgical Procedure: _____

Allergies: _____

Vital signs per PACU/Same Day Surgery routine

Activity: _____

- Continue IV fluids from OR (type of fluids _____) at _____ ml/hr.
Discontinue IV when discharged.
- Reinforce dressing PRN
- Neurological and vascular checks per routine.

Pain Medications:

- Oxycodone/acetaminophen 5 mg/325 mg (Percocet) 1 tablet po every 4 hours prn moderate pain
- Oxycodone/acetaminophen 5 mg/325 mg (Percocet) 2 tablets po every 4 hours prn severe pain
- Other: _____
- Prescriptions to patient for: _____

- Keep operative hand elevated above level of heart for 1 week.
- Exercise fingers of affected hand. Work toward making a fist then straightening fingers.
- Dressing care: _____
- Discharge when anesthesia criteria met.

Physician Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

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PATIENT LABEL



MR.ORDER