



**POSTOPERATIVE ORDER FOR HIP FAST TRACT SURGERY**  
**ORTHOPEDIC DEPARTMENT, CHIANGRAI PRACHANUKROH HOSPITAL**

Progress Note	ORDER FOR ONE DAY		ORDER FOR CONTINUATION	
	Date	Post op order for <input type="checkbox"/> Right <input type="checkbox"/> Left	Date	
<p><b>Problem List/Dx</b>  <b>Fracture site:</b>  <input type="checkbox"/> Intertrochanter  <input type="checkbox"/> Femoral neck  <input type="checkbox"/> Subtrochanter  <b>Side</b>  <input type="checkbox"/> Right  <input type="checkbox"/> Left            โรคประจำตัว.....            .....            .....  <b>Plan of treatment</b>  <input checked="" type="checkbox"/> Post op care  <input checked="" type="checkbox"/> Pain control  <input type="checkbox"/> Rehabilitation  <input type="checkbox"/> Investigation:            .....  <input type="checkbox"/> Further Surgery            .....  <input type="checkbox"/> Other:            .....            .....  <b>PT Goal</b>  <input type="checkbox"/> WB as tolerate  <input type="checkbox"/> Toe touch  <input type="checkbox"/> Wheelchair  <input type="checkbox"/>.....              หมายเหตุ            Vitamin D3 ไขในผู้ป่วย            ESRD: GFR &lt;15 หรือ            Liver Cirrhosis Child C              Para (325): BW &lt; 40 kg            Morphine: 2-4 mg IV            Tramadol ระวัง Delirium            Pain score &gt;4 ปวดไม่ดีขึ้น            ปรึกษา Pain Clinic ได้            ในเวลาราชการ</p>		<input type="checkbox"/> CRIF With PFNA <input type="checkbox"/> Bipolar Hemiarthroplasty <input type="checkbox"/> ..... <b>IV FLUID</b> <input type="checkbox"/> 5%D/NSS 1,000 ml IV .... ml/hr <input type="checkbox"/> 5%D/N/2 1,000 ml IV .... ml/hr <input type="checkbox"/> NSS 1,000 ml IV .... ml/hr <input type="checkbox"/> ..... <b>Laboratory Tests</b> <input type="checkbox"/> HCT ..... <input type="checkbox"/> ..... <input type="checkbox"/> DTX q ..... keep..... <b>Other tests</b> <input type="checkbox"/> Film x-ray..... ..... <input type="checkbox"/> CXR  <b>Pain control</b> <input type="checkbox"/> Morphine .... Mg IV q 4 Hr PRN for pain <input type="checkbox"/> Morphine syrup (2mg/ml) 2 ml po PRN q 6 hr <input type="checkbox"/> Parecoxib (Dynastat) 40 mg IV q 12 hr <input type="checkbox"/> Ketolac 30 mg IV q 8 hr <input type="checkbox"/> .....  <b>Rehabilitation</b> <input checked="" type="checkbox"/> Consult PT for Bedside physical therapy tomorrow		<input type="checkbox"/> Regular diet <input type="checkbox"/> NPO <input checked="" type="checkbox"/> Record V/S <input type="checkbox"/> Record I/O <input type="checkbox"/> Record Drain <b>Medications</b> <b>Antibiotics:</b> <input type="checkbox"/> Cefazolin 1 gm IV q 6 hr <input type="checkbox"/> Clindamycin 600 mg IV q 8 hr <input type="checkbox"/> ..... .....  <input type="checkbox"/> Paracetamol (500 mg) 1 tab po qid pc,hs 3 days <input type="checkbox"/> Paracetamol (325 mg) 1 tab po qid pc,hs 3 days <input type="checkbox"/> Morphine Syr (2mg/ml) 2 ml po qid pc,hs <input type="checkbox"/> Tramadol 1x3 po pc <input type="checkbox"/> Naproxen (250) 1x2 po pc 2 days <input type="checkbox"/> Omeprazole (20) 1x1 po ac  <input type="checkbox"/> Calcium 1x3 po pc <input type="checkbox"/> Vitamin D2 (20000) 2 tab po weekly <input type="checkbox"/> Vitamin D3 (0.25) 1x1 po pc <input type="checkbox"/> Ferrous fumarate 1x3 po pc <input type="checkbox"/> Folic 1x1 po pc

**Patient's ID Sticker**