



PATIENT INFORMATION

Patient Full Name:

Date of Birth:

Date of Surgery:

Allergies:

Type of Surgery:

Surgeon:

MD Contact In Case of Emergency:

PACU Discharge

☐ Discharge to InHands Postoperative Therapy and Recovery via wheelchair transport van

Medications

☐ Follow patient's post-surgical medication guide (please attach for reference)

Vital Signs

☐ Monitor vital signs every 4 hours for 12 hours

☐ Report:

Systolic BP <90 or >160 mmHg

HR <50 or >120 bpm

SpO2 <92%

Respiratory rate <10 or >24 breaths per minute

Uncontrolled pain

Pain Management

☐ Cold packs to surgical site every _____ hour(s) for 20 minutes as needed for pain/swelling.

☐ Other: _____

Fluid Management

☐ Encourage PO hydration (water, clear liquids)

☐ Urine output: Report if <30 mL/hour over _____ consecutive hours

☐ Other: _____



DVT Prophylaxis

- ☐ Encourage early ambulation as tolerated
- ☐ Sequential Compression Devices (SCDs) to be worn at all times except while ambulating
- ☐ TED hose (surgeon provided)
- ☐ Encourage bed-level lower extremity exercises (ankle pumps, heel slides, quad sets)
- ☐ Other: _____

Wound Care

- ☐ Inspect surgical site(s) every _____ hours
- ☐ Reinforce or replace wet dressings as needed
- ☐ Clean incisions _____ time(s) daily
- ☐ Apply antibiotic ointment to incisions
- ☐ Notify the surgeon of any signs of infection: Increased redness, swelling, warmth, or purulent discharge.
- ☐ Other: _____

Diet

- ☐ Regular diet as tolerated
- ☐ Clear liquids, progress as tolerated
- ☐ Soft diet as tolerated
- ☐ Low sodium diet
- ☐ Other: _____

Activity

- ☐ Ambulate with assistance
- ☐ Ambulate every _____ hours as tolerated.
- ☐ Ambulate in hip flexion
- ☐ Maintain arms <90 degrees of flexion and abduction
- ☐ No lifting >5 lbs
- ☐ Next day: Seated shower, if desired
- ☐ Other: _____



Bed Positioning

- ☐ Supine
- ☐ Prone
- ☐ Head of bed elevated 30 degrees
- ☐ Head of bed elevated 45 degrees
- ☐ Knees elevated
- ☐ Zero gravity, neutral positioning with head and knees elevated
- ☐ Avoid direct pressure to fat-transferred area(s)
- ☐ Other: _____

JP Drains

- ☐ Measure and record drain output
- ☐ Measure every _____ hours, report if > 100 mL/hour
- ☐ Do not empty drain and notify surgeon if the drain is full
- ☐ Other: _____

Emergency Protocols

- ☐ In case of airway compromise, initiate emergency protocol and call 911.
- ☐ In case of suspected hemorrhage, apply direct pressure to the site and notify the surgeon immediately.
- ☐ Other: _____

Additional Orders

- ☐ Foley catheter care: _____
- ☐ IV: _____
- ☐ Incentive spirometer every _____ hour(s)

Discharge

- ☒ Discharge to custodial care after 12 hours (6:00AM)
- ☐ Provide post-surgical education to patient caregiver upon discharge from facility (please attach post-surgical instructions for reference)
- ☐ Refer to InHands Postoperative Therapy (lymphatic massage, etc.) starting _____ days post-surgery