

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

| REQUIRED FOR ADMISSION | |
|------------------------|---------|
| Height: | Weight: |
| Allergies: | |

NEURO Discharge Post Cervical Lumbar [30400175]

General

SR NEU DC ACTIVITIES

- | | |
|---|---------------------------|
| <input type="checkbox"/> Wear Cervical collar with Activities | Routine, Clinic Performed |
| <input type="checkbox"/> Wear Lumbo-sacral orthotic brace with all ambulation | Routine, Clinic Performed |
| <input type="checkbox"/> No lifting more than 10 pounds, no pushing or pulling or bending over at the waist | Routine, Clinic Performed |
| <input type="checkbox"/> May shower 2 days after surgery, no tub baths or soaking wound | Routine, Clinic Performed |
| <input type="checkbox"/> No Driving for 2 weeks | Routine, Clinic Performed |
| <input type="checkbox"/> Ambulate three to four times a day minimum | Routine, Clinic Performed |
| <input type="checkbox"/> Other | |

SR DC NEU DIET

- | | |
|---|---------------------------|
| <input type="checkbox"/> Return to previous diet | Routine, Clinic Performed |
| <input type="checkbox"/> Adult Discharge Diet (other) | Routine, Clinic Performed |
| <input type="checkbox"/> Other | |

Medications

RX AMB pain medications

- | | |
|---|--------|
| <input type="checkbox"/> oxyCODONE-acetaminophen (use for PERCOCET) 5-325 mg per tablet | Normal |
| <input type="checkbox"/> ibuprofen (use for MOTRIN) 600 mg tablet | Normal |
| <input type="checkbox"/> Other | |

Radiographic Studies

SR DC IMG ORDERS F/U

| | |
|-------------------------|----------------|
| Physician Printed Name: | |
| Physician Signature: | Patient Label: |
| Date/Time: | |

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XR spine lumbar 2 or 3 vw

Status: Future, Expires: 9/5/2021, Routine, Ancillary Performed

Other

Miscellaneous Orders

SR DC NEU F/U

Follow-up with provider - staple removal

Instructions for follow-up: Follow up in 7-10 days for staple removal

Follow-up with provider - routine post-op visit

Instructions for follow-up: In 2 weeks for routine post operative visit

Other

Consults

Consult Case Management - Discharge Planning

Reason for CM Referral: Discharge Planning

Other

SR DC NEU DME

DME Walker

Qty-1

DME Bedside Commode

Qty-1

Other

Physician Printed Name:

Physician Signature:

Patient Label:

Date/Time: