



Michael W. Hartman, MD
Knee Arthroscopy
Post-Operative Order Set

ALLERGIES: _____

Date/Time	Diagnosis:
	Procedure: Status post right/left knee arthroscopy
	1. Transfer to Post Anesthesia Recovery Unit
	2. Condition: Stable
	3. Diet: Clear liquids and progress to home diet as tolerated
	4. Activity:
	Elevate extremity
	Ice to operative knee for 25 minutes. Use 3-4 times daily.
	Up with assistance.
	ROM as tolerated (unless in brace)
	<input type="checkbox"/> Weightbearing as tolerated on the operative extremity
	<input type="checkbox"/> Non-weightbearing on the operative extremity
	<input type="checkbox"/> Hinged knee brace locked in full extension
	<input type="checkbox"/> Crutches
	5. Vitals per PACU nursing routine
	6. IV fluids: OR fluids at 80cc/hour. Decrease to TKO when PO intake is greater than 200cc
	7. Medications:
	<input type="checkbox"/> Dilaudid 0.2 mg IV every 1 hour as needed for pain
	<input type="checkbox"/> Hydrocone 5mg/APAP 325 mg 1-2 tablets PO every 4 hours as needed for pain
	<input type="checkbox"/> Hydrocone 7.5mg/APAP 325 mg 1-2 tablets PO every 4 hours PRN pain
	<input type="checkbox"/> Oxycodone 5mg/325mg 1-2 tablets PO every 4 hours PRN pain
	<input type="checkbox"/> Oxycodone 7.5mg/325mg 1-2 tablets PO every 4 hours PRN pain
	<input type="checkbox"/> Promethazine 25 mg IV every 4 hours as needed for nausea/vomiting
	** If respirations are less than or equal to 8, or patient is obtunded and unresponsive (Riker scale of 1):
	• Discontinue narcotics
	• Administer O ₂ by mask to maintain pulse oximetry 90% or greater
	• Give naloxone 0.1 mg IV & every 3 minutes until patient arouses to verbal stimuli & follows simple commands (Riker scale of 3)
	• Notify physician
	• Vital signs every 5 minutes for 30 minutes
	8. Discharge Planning:
	Next office visit _____ to see Dr. Michael Hartman
	Redress the knee in 48 hours and then daily. May shower in 48 hours if no wound drainage.
	Resume pre-operative home medications.
	Start enteric-coated aspirin 325 mg PO daily for one month (unless aspirin allergy)
	Physician Signature:

