### Pre Operative Medications (Does not apply to outpatient Pharmacy)

- **Oxycodone**: 10 mg PO x 1 dose
- **Acetaminophen**: 1000 mg PO x 1 dose

### Intra Operative Medications (Does not apply to outpatient Pharmacy)

- **Ketorolac**: 15 mg IV x 1 dose
- **Oxycodone**: 5-15 mg PO Q 3hr PRN
- **Hydrocodone/acetaminophen 5/500 mg**: PO Q 4hrs PRN
- **Morphine SR**: 15 mg PO x 1 dose
- **Other**: ___________

### PACU Medications (Does not apply to outpatient Pharmacy)

- **Oxycodone**: 5-15 mg PO Q 3hr PRN
- **Hydrocodone/acetaminophen 5/500 mg**: PO Q 4hrs PRN
- **Morphine SR**: 15 mg PO x 1 dose
- **Other**: ___________

### Postoperative Discharge Instructions

1. Discharge Patient when Surgery Center Criteria met.
2. Review discharge instructions with patient.
   - Patient may shower. Keep dressing dry with plastic wrap.
   - Use sling postoperatively.
3. Return to clinic 1 week 2 weeks Roosevelt Bone and Joint Center Eastside Subspecialty Clinic

### Discharge Medications

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Number to be dispensed (write in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docusate 100mg PO BID to prevent constipation</td>
<td>____________</td>
</tr>
<tr>
<td>Oxycodone 5 mg 1-3 tablets PO Q 3 hr PRN pain</td>
<td>____________</td>
</tr>
<tr>
<td>Morphine SR 15mg PO Q 12 hrs</td>
<td>____________</td>
</tr>
<tr>
<td>Meclizine 25 mg PO BID PRN nausea</td>
<td>____________</td>
</tr>
<tr>
<td>Hydrocodone/acetaminophen 5/500 mg PO Q 4hrs PRN</td>
<td>____________</td>
</tr>
<tr>
<td>Oxycodone/acetaminophen 5/325 mg 1-2 tablets PO Q 4 hr PRN pain</td>
<td>____________</td>
</tr>
<tr>
<td>Hydromorphone 2 mg PO q 4 hrs PRN break through pain</td>
<td>____________</td>
</tr>
<tr>
<td>Other:</td>
<td>____________</td>
</tr>
</tbody>
</table>

Total number of prescriptions

### Physician Instructions:

- Indicate the total number of prescriptions written in the box provided
- Draw a diagonal line through any unused lines or prewritten prescriptions not filled

**NO REFILLS ARE authorized for any prescription on this form**

<table>
<thead>
<tr>
<th>PRINT Physician's Name Here</th>
<th>Physician No.</th>
<th>DEA No.</th>
<th>Date Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN SIGNATURE (SUBSTITUTION PERMITTED)</td>
<td>PHYSICIAN SIGNATURE (DISPENSE AS WRITTEN)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UW Medicine**

Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

**PRE POST DISCHG RX ORDERS-SHOULDER SURG**

*U0000*

*U0000*

WHITE - MEDICAL RECORD
CANARY - PHARMACY
PINK - NURSING

UH0000 REV JUN 07