

HOSPITAL REGULATION: The signature of physician must accompany all orders.

NKA: NO KNOWN ALLERGIES

ALLERGIES:

Instructions: Any order with a check mark will be ordered. If there is a checked order that you DO NOT want, please strike through the order. All orders with a blank check box WILL NOT be ordered unless marked with a check.

Case Request Case Request

Provider _____ Location _____ Date _____

****REQUIRED** Code Status (SELECT ONE)**

Full Code DNR (Do Not Resuscitate) Partial Code

Cardio Resuscitation: No chest compressions No defibrillation

No internal/external pacemaker

Ventilation: Do Not Intubate (DNI) No mechanical ventilation with intubation

No bag/mask No BiPAP

Drug Protocol: No artificial feeding No artificial hydration

No vasopressors No hemodialysis

Nursing: Vital Signs

Vital Signs, Every 4 hours VS Other _____

Continuous Pulse Oximetry

Nursing: Telemetry

Monitor telemetry – periop; Continuous

Nursing: Notify Physician

Notify physician of HgbA1c greater than or equal to 7

Notify physician if pre-op eGFR is less than 45 but greater than 30

Notify physician if creatinine is greater than or equal to 2 OR increased by 0.5 within 3 months

Nursing Interventions

Skin prep with CHG cloth

Verify patient has not taken any NSAIDs for 7 days

Hold Metformin, ACE inhibitors, ARBs

Begin warming patient; Use warming blankets

Bowel Prep

Do not sedate until seen by surgeon

****REQUIRED** DVT/VTE Mechanical Prophylaxis**

Place sequential compression device Place foot pumps

Place TED hose, Type: knee high TED hose thigh high TED dose, Site: bilateral left right

No Mechanical VTE Prophylaxis: Reason _____

IV Fluids: Pre-op Insert and Maintain IV

Insert peripheral IV Maintain IV access Saline lock IV

Medications: Anesthesia Consults for Block / Multimodal Pain

Inpatient Consult to Anesthesiology for regional block

Inpatient Consult to Anesthesiology for multimodality pain management

Medications: Antibiotics

Cefoxitin (MEFOXIN) 2000 mg in sodium chloride 0.9% 50 mL IVPB; 2000 mg, intravenous, at 100 mL/hr, Administer over 30 minutes, On Call, Starting tomorrow, For 1 dose. Keep refrigerated. Prophylaxis-Surg/Proc

If allergic to Cephalosporins or hives/anaphylaxis to PCN, metronidazole (Flagyl) + Ciprofloxacin (Cipro)

▪ Metronidazole (FLAGYL) IVPB; 500 mg, intravenous, Administer over 60 minutes, On Call, For 1 dose. Premix bag. Store at room temperature. Prophylaxis-Surg/Proc

▪ Ciprofloxacin (CIPRO) IVPB; 400 mg, intravenous, at 200 mL/hr, Administer over 60 minutes, On Call, For 1 dose. Premix. Store at room temperature. Prophylaxis-Surg/Proc

Date: _____ Time: _____ Doctor's Signature: _____ Dictation ID # _____

NGMC PHYSICIAN ORDER # 304260010 (9/25/2017)



Northeast Georgia Medical Center



304260010

TLC COLON BUNDLE PRE-OP

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Medications: Insulin

insulin aspart (NovoLOG) 100 unit/mL pen injection; 1-20 Units, subcutaneous, Once

Use if patient is diabetic or hemoglobin A1C greater than 7

BG less than 70: Hypoglycemia protocol

BG 70-150: No Correction Insulin

BG 151-200: 2 units

BG 201-250: 3 units

BG 251-300: 4 units

BG 301-350: 6 units

BG 351-399: 7 units

BG greater than 399: 7 units and initiate BS greater than 399 protocol

Medications: Alvimopan (Entereg)

alvimopan (ENTEREG) capsule; 12 mg, oral, Once. Give 30 minutes prior to surgery

Medications: Anticoagulant

enoxaparin (LOVENOX) injection; 40 mg, subcutaneous, On Call, For 1 dose

Give deep subcutaneous and must alternate sites on abdominal wall

Medications: Bowel Prep (CHOOSE ONE)

polyethylene glycol (GoLYTELY) solution; 2000 mL, oral, As needed, bowel prep, for 1 dose

For bowel prep – give 240 mL every 10 minutes until rectal effluent is clear

polyethylene glycol (GoLYTELY) solution; 4000 mL, oral, As needed, bowel prep, for 1 dose

For bowel prep – give 240 mL every 10 minutes until rectal effluent is clear

peg 3350-electrolytes-vit c (MOVIPREP) oral; 2000 mL, oral, As needed, bowel prep, for 1 dose

For bowel prep – give 240 mL every 15 minutes until 1000 mL is consumed. Wait 90 minutes then repeat until another

1000 mL is consumed. Then fill container with 1000 mL of clear liquid and consume all the liquid prior to going to bed.

Chill solution to improve taste. Mix contents of pouch A and B in container provided. Add water to fill line (1000 mL)

and mix until dissolved

PST Labs

<input type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> CEA	<input type="checkbox"/> Type and Screen
<input type="checkbox"/> Basic metabolic panel	<input type="checkbox"/> Urinalysis, Complete, w/Reflex Culture	<input type="checkbox"/> Hepatic function panel
<input type="checkbox"/> Comprehensive metabolic panel	<input type="checkbox"/> APTT	<input type="checkbox"/> hCG, Quantitative, Pregnancy
<input type="checkbox"/> CBC w/ Auto Differential	<input type="checkbox"/> Prottime-INR	

Day of Surgery Labs

Prottime-INR; STAT, Once

Physician Consults

To Consult MD(s) _____

Reason for consult: _____

Ancillary Consults

Case Management

Diabetes Educator

Dietician

Hospice

Laurelwood Intake

PT eval and treat

OT eval and treat

SLP eval and treat

Respiratory Care

Social Work

WOC

Reason for consult: _____

Other Orders/Comments

Date: _____ Time: _____ Doctor's Signature: _____ Dictation ID # _____

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