

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.

****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 Assessments

Height and weight; Once. Dry weight for all dialysis patients

Nursing Interventions

- Skin prep; Once. CHG skin wipes scrub to operative area in AM prior to surgery
- Insert and maintain IV line; Once. Nurse to order flush per facility specific protocol
- Do not sedate until seen by surgeon
- POCT Glucose AC HS; Once
- Insert Foley catheter; Once
- Nasogastric tube insertion; Once. Set to low intermittent suction

Medications: Anesthesia Consults for Block / Multimodal Pain

- Inpatient Consult to Anesthesiology for regional block
- Inpatient Consult to Anesthesiology for multimodality pain management

Medications: Pre-op Antibiotics

- Cefazolin (ANCEF) in sodium chloride 0.9% 100 mL IVPB; 25 mg/kg, intravenous, at 200 mL/hr, Administer over 30 minutes, Once. Keep refrigerated. Prophylaxis-Surg/Proc
- If allergic to Cephalosporins or hives/anaphylaxis to PCN, vancomycin (VANCOGIN) in sodium chloride 0.9% 500 mL IVPB; 12.5 mg/kg, intravenous, at 250 mL/hr, Administer over 120 minutes, Once. Prophylaxis-Surg/Proc
If trough level greater than 20, hold one dose. Keep refrigerated
- Cefoxitin (MEFOXIN) in sodium chloride 0.9% 50 mL IVPB; 2000 mg, intravenous, at 100 mL/hr, Administer over 30 minutes, Once. 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, Once. Premix bag. Store at room temperature. Prophylaxis-Surg/Proc
 - Ciprofloxacin (CIPRO) IVPB; 400 mg, intravenous, at 200 mL/hr, Administer over 60 minutes, Once. Premix. Store at room temperature. Prophylaxis-Surg/Proc
- Metronidazole (FLAGYL) IVPB; 500 mg, intravenous, Administer over 60 minutes, Once. Premix bag. Store at room temperature. Prophylaxis-Surg/Proc
- Clindamycin (CLEOCIN) IVPB; 600 mg, intravenous, at 100 mL/hr, Administer over 30 minutes, Once. Premix bag. Prophylaxis-Surg/Proc

Date:

Time:

Doctor's Signature:

Dictation ID #

NGMC PHYSICIAN ORDER # 304260011 (9/25/2017)


Northeast Georgia Medical Center

**TLC GENERAL SURGERY PRE-OP
PAGE 1 OF 2**



304260011

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PST Labs

<input type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> APTT	<input type="checkbox"/> Testosterone, Free and Total
<input type="checkbox"/> Basic metabolic panel	<input type="checkbox"/> Type and Screen	<input type="checkbox"/> LAP Cholecystectomy Profile
<input type="checkbox"/> Comprehensive metabolic panel	<input type="checkbox"/> Hepatic function panel	<input type="checkbox"/> Sedimentation rate, automated
<input type="checkbox"/> CBC w/ Auto Differential	<input type="checkbox"/> hCG, Quantitative, Pregnancy	<input type="checkbox"/> Vitamin D 25 hydroxy
<input type="checkbox"/> CBC w/o Diff	<input type="checkbox"/> Prolactin	<input type="checkbox"/> C-reactive protein
<input type="checkbox"/> CEA	<input type="checkbox"/> TSH	<input type="checkbox"/> MRSA culture
<input type="checkbox"/> Urinalysis, Complete, w/Reflex Culture		

Day of Surgery Labs

- Prottime-INR; STAT, Once
- PTH; STAT, Once

Imaging: X-Ray

- X-Ray Chest 1 View; Once Portable Reason for exam: _____
- X-Ray Chest 2 Views; Once Portable Reason for exam: _____

Imaging: Cardiology

- EKG 12 lead; Once. If not done within the past 30 days. Reason for exam: _____

Other Orders/Comments

Date:	Time:	Doctor's Signature:	Dictation ID #
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PAGE 2 OF 2**