

Hospital Regulation: The signature of the physician must accompany all orders
NKA: No Known Allergies Allergies: _____
Instructions: Any selected order will be ordered and all orders with a blank check box WILL NOT be ordered unless selected. If there is a selected order that you DO NOT want, please strike through the order.

Case Request

Procedure _____

Location _____

Admission

Admit to inpatient

Change patient from observation to inpatient

****REQUIRED** Code Status**

- 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

Isolation

- Initiate airborne isolation Initiate contact isolation Initiate droplet isolation

Diet

NPO except meds with sips water Day of surgery except gastro-esophageal reflux med, antiarrhythmic meds, and antihypertensive meds (do not give diuretic or ACE inhibitors). Give with sips water as instructed (120-160 mL)

Nursing Assessments:

Height and weight- dry weight for all dialysis patients

Nursing Interventions:

- Insert and maintain IV (panel):
 - Insert peripheral IV
 - Maintain IV access
 - Saline lock IV
- Insert Foley Catheter Insert NG tube and set to low intermittent suction
- Clip hair- Location _____ POCT Glucose AC and HS
- Skin prep- CHG skin wipes scrub to operative area in AM prior to surgery.

Meds: Anesthesia Consults for Block/ Multimodal Pain

IP consult to Anesthesiology- regional block IP Consult to Anesthesiology- multimodality pain management
To: _____ From: _____

Pre-Op Antibiotics

- ceFAZolin (Ancef) 25 mg/kg (wt based) IVPB. Administer over 30 mins Once Routine PreOp
- If allergic to Cephalosporins or hives/anaphylaxis to PCN** Vancomycin (Vancocin) 12.5 mg/kg (wt based) IVPB. Administer over 60 mins Once PreOp Prophylaxis for surgery/procedure. If trough level greater than 20, HOLD one dose
- cefOXitin (Mefoxin) 2,000 mg IVPB Administer over 30 mins Prophylaxis for surgery/procedure. If trough level greater than 20, HOLD one dose ON CALL
- If allergic to Cephalosporins or hives/anaphylaxis to PCN** Metronidazole + Ciprofloxacin (panel)
 - metroNIDAZOLE (Flagyl) 500 mg IVPB Administer over 60 mins PreOp Prophylaxis for surgery/procedure. ON CALL
 - AND-**
 - Ciprofloxacin (Cipro) 400 mg IVPB Administer over 60 mins Routine PreOp Prophylaxis for surgery/procedure. ON CALL
- metroNIDAZOLE (Flagyl) 500 mg IVPB Administer over 60 mins Routine PreOp Prophylaxis for surgery/procedure. ON CALL

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



NGMC PHYSICIAN ORDER #304260001 (9/11/2017)

GENERAL SURGERY PREOP ORDERS



Hospital Regulation: The signature of the physician must accompany all orders

NKA: No Known Allergies Allergies: _____

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

Clindamycin (CLEOCIN) 600 mg IVPB at 100 mL/hr Administer over 30 mins Once Routine PreOp Prophylaxis for surgery/procedure.

Labs: Pre Surgical Testing Labs

- | | | |
|---|--|---|
| <input type="checkbox"/> Hemoglobin A1c | <input type="checkbox"/> Basic metabolic panel | <input type="checkbox"/> Comprehensive metabolic panel |
| <input type="checkbox"/> CBC w/out Differential | <input type="checkbox"/> CBC w/ Auto Differential | <input type="checkbox"/> Renal function panel |
| <input type="checkbox"/> Urinalysis, Complete w/ reflux culture | <input type="checkbox"/> APTT | <input type="checkbox"/> Type and Screen |
| <input type="checkbox"/> Hepatic Function panel | <input type="checkbox"/> Prolactin | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Testosterone, Free and Total | <input type="checkbox"/> LAP Cholecystectomy Profile | <input type="checkbox"/> C-reactive protein |
| <input type="checkbox"/> Sedementation rate | <input type="checkbox"/> Vitamin D25 hydroxy | <input type="checkbox"/> MRSA culture- nasogastrix swab |
| <input type="checkbox"/> hCG, Quantitative, Pregnancy | | |

Labs: Day of Surgery

- | | |
|---|---|
| <input type="checkbox"/> Protime INR STAT PreOp | <input type="checkbox"/> PTH STAT PreOp |
|---|---|

Imaging: X-Ray

- | | | | |
|---|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> X-ray Chest 2 views Once today | <input type="checkbox"/> Portable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------------|------------------------------|-----------------------------|

Reason for exam: _____

Imaging: Cardiology

- EKG 12 Lead Routine Once today

- | | | | | | | |
|------------------|----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|---------------------------------|------------------------------|
| Reason for exam: | <input type="checkbox"/> AMI | <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Pre Op | <input type="checkbox"/> SOB |
| | <input type="checkbox"/> Syncope | <input type="checkbox"/> Other _____ | | | | |

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

NGMC PHYSICIAN ORDER #304260001 (9/11/2017)



GENERAL SURGERY PREOP ORDERS

