

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 Operating Room
 Provider: _____ Location: _____ Procedure 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

Isolation

- Initiate Airborne Isolation Initiate Contact Isolation Initiate Droplet Isolation

Diet

- NPO effective now NPO effective midnight
 Other _____

Nursing: Vital Signs

- Vital Signs, Frequency: Every 4 hours _____
 Continuous Pulse Oximetry

Nursing: Telemetry

- Monitor telemetry – periop, Continuous

Nursing: Notify Physician

- Notify physician (Specified parameters)
- HgbA1c greater than or equal to 7
 - Pre-op eGFR is less than 45 but greater than 30
 - Creatinine is greater than or equal to 2
 - Creatinine increased by 0.5 within 3 months
- Notify Physician For: _____

Nursing Interventions

- Skin prep with CHG cloth; Until discontinued
 Verify patient has not taken any NSAIDs for 7 days; Until discontinued
 Hold Metformin, ACE inhibitors, ARBs; Until discontinued
 Begin warming patient, Use warming blankets; Until discontinued
 Bowel Prep; Until discontinued
 Clip hair breast to pubic bone; Once

****REQUIRED** 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, STAT, Once Maintain IV Access Saline Lock IV, Once

Medications: Anesthesia Consults for Block / Multimodal Pain

- Inpatient Consult to Anesthesiology for regional block **To consult MD(s)** _____
 Inpatient Consult to Anesthesiology for multimodality pain management **To consult MD(s)** _____

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



NGMC PHYSICIAN ORDER # 304260003 (9/11/2017)



COLON BUNDLE PRE-OP
PAGE 1 OF 2

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.

Medications: Antibiotics (CHOOSE ONE)

- cefoxitin (MEFOXIN) IV; 2000 mg, intravenous, at 100 mL/hr, Administer over 30 minutes, On call, For 1 dose
Keep refrigerated. Reason for Therapy: Prophylaxis- Surgical/Procedural
- 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. Reason for Therapy: Prophylaxis- Surgical/Procedural
- AND-**
 - ciprofloxacin (CIPRO) IVPB; 400 mg, intravenous, at 200 mL/hr, Administer over 60 minutes, On call, for 1 dose
Premix. Store at room temperature. Reason for Therapy: Prophylaxis- Surgical/Procedural

Medications: Insulin

- If patient Diabetic or A1C greater than 7, Usual insulin scale – insulin aspart (NOVOLOG) 100 unit/mL pen injection; 1-20 units, subcutaneous, Once
BG less than 70 – Hypoglycemia protocol ; 70-150 – No Correction Insulin ; 151-200 – 2 units ; 201-250 – 3 units ; 251-300 – 4 units ; 301-350 – 6 units ; 351-399 – 7 units ; 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
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.

Pre-Surgical Testing Labs

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

Day of Surgery Labs

- Prottime-INR, STAT, Once

Physician Consults

- To Consult MD(s) _____
Reason for consult: _____

Ancillary Consults

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Diabetes Educator | <input type="checkbox"/> Dietician | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Laurelwood Intake | <input type="checkbox"/> PT eval and treat | <input type="checkbox"/> OT eval and treat | <input type="checkbox"/> SLP eval and treat |
| <input type="checkbox"/> Respiratory Care | <input type="checkbox"/> Social Work | <input type="checkbox"/> WOC | |

Reason for consult: _____

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



NGMC PHYSICIAN ORDER # 304260003 (9/11/2017)

COLON BUNDLE PRE-OP
PAGE 2 OF 2

