

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: \_\_\_\_\_

**Status Orders (CHOOSE ONE)**

Admit to Inpatient  Initiate Observation Status

- Service: \_\_\_\_\_
- Admitting Physician: \_\_\_\_\_
- Level of Care:  Acute Care  Intermediate Care  Critical Care  \_\_\_\_\_
- Patient Class:  Inpatient  \_\_\_\_\_
- Diagnosis: \_\_\_\_\_
- Estimated Length of Stay?  Past midnight tomorrow  3-4 days  5-7 days  Greater than 1 week  
 Greater than 2 weeks  Less than 2 midnights (IP only procedure)
- Medical Necessity:  See H&P
- Plans for post-hospital care:  Home with self/family care  Rehabilitation facility  
 Home with home health services  Skilled nursing facility
- Unit: \_\_\_\_\_
- Special Bed Requests:  Critical Care  Medical  Cardiology  Surgery  OB  
 Pediatrics  Neurosurgery  Neurology  Bariatric  Telemetry
- Comments: \_\_\_\_\_

**\*\*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**

Diet NPO, Effective Now

**Nursing: Vital Signs**

Vital Signs, Frequency:  Every 4 hours  Every 8 hours  \_\_\_\_\_  
 per unit protocol (every 1 hour for 2 hours; then every 4 hours for 24 hours; then every 8 hours)

Pulse checks, Once

**Nursing: Notify Physician**

- Notify physician (Specified parameters)
- Temperature greater than 38.5C
  - Systolic blood pressure greater than 140 mmHg or less than 90 mmHg
  - Diastolic blood pressure greater than 90 mmHg or less than 60 mmHg
  - Heart rate greater than 120 bpm or less than 60 bpm
  - Respiratory rate greater than 25 or less than 12
  - Urinary output less than 30 mL/kg/hr

Notify Physician For: \_\_\_\_\_

**Nursing Interventions**

- Clip hair location (specify) \_\_\_\_\_; Once; Explanatory comment: \_\_\_\_\_
- Skin prep – CHG skin wipes scrub to operative area AM prep to surgery; Until discontinued
- Insert and maintain IV line or INT if no other access is available; Once; Nurse to order flush per facility specific protocol
- Insert Foley catheter; Once

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_ Dictation ID # \_\_\_\_\_

NGMC PHYSICIAN ORDER # 304120003 (9/11/2017)

  
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Other (specify) \_\_\_\_\_

**Respiratory Interventions**

- Oxygen Therapy via Nasal Cannula; Keep O2 Sat Above 90%; Rate: \_\_\_\_\_; FiO2: \_\_\_\_\_
- Arterial Blood Gas; Once
- Venous Blood Gas; Once
- Respiratory order/instruction (specify) \_\_\_\_\_

**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 Fluid Infusions**

- NS, intravenous, continuous **Rate:** \_\_\_\_\_ mL/hr
- D5W, intravenous, continuous **Rate:** \_\_\_\_\_ mL/hr
- D5 1/2 NS, intravenous, continuous **Rate:** \_\_\_\_\_ mL/hr
- Lactated Ringers, intravenous, continuous **Rate:** \_\_\_\_\_ mL/hr
- D5 1/2 NS + KCL 20 mEq, intravenous, continuous **Rate:** \_\_\_\_\_ mL/hr
- 1/2 NS + KCL 20 mEq, intravenous, continuous **Rate:** \_\_\_\_\_ mL/hr

**Medications: Antibiotics (CHOOSE ONE)**

- ceFAZolin (ANCEF) IV – DOSE based on weight of patient; 25 mg/kg, intravenous, Once. Prophylaxis: Surg/Proc
- If allergic to Cephalosporins or hives/anaphylaxis to PCN, vancomycin(VANCOCIN) IV -dose based on weight of patient 12.5 mg/kg, intravenous, Once. Prophylaxis: Surg/Proc. If trough level greater than 20, hold one dose
- clindamycin (CLEOCIN) IV; 900 mg, intravenous, at 50 mL/hr, Administer over 60 minutes, Once Premix bag. Prophylaxis: Surg/Proc

**Medications: Analgesics**

- ibuprofen (CALDOLOR) IV; 800 mg, intravenous, Administer over 30 minutes, Once, Give prior to surgery Store at Room Temperature. Must be diluted to final concentration of less than or equal to 4 mg/mL in NS or D5W
- oxyCODONE (ROXICODONE) immediate release tablet; 5 mg, oral, Once, Give prior to surgery. Monitor respiratory rate

**Medications: Tranexamic Acid**

- tranexamic acid 1000 mg IVPB; 1000 mg, intravenous, at 220 mL/hr, Administer over 30 minutes, Once Give 1 hour before surgery

**Pre-Op Labs**

- |   |   |
|---|---|
| <input type="checkbox"/> Hemoglobin and Hematocrit, blood; STAT, Once | <input type="checkbox"/> Urinalysis w/ Reflex Culture; STAT, Once |
| <input type="checkbox"/> Type and Screen; STAT                        | <input type="checkbox"/> Comprehensive Metabolic Panel            |
| <input type="checkbox"/> CBC w/o Differential; STAT, Once             | <input type="checkbox"/> Electrolyte Panel; STAT, Once            |
| <input type="checkbox"/> CBC w/ Auto Differential; STAT, Once         | <input type="checkbox"/> Hepatic Function Panel, STAT, Once       |
| <input type="checkbox"/> Basic Metabolic Panel; STAT, Once            | <input type="checkbox"/> Renal Function Panel; STAT, Once         |
| <input type="checkbox"/> APTT; STAT, Once                             | <input type="checkbox"/> Troponin I; STAT, Once                   |
| <input type="checkbox"/> Prottime-INR; STAT, Once                     | <input type="checkbox"/> Cardiac Panel; STAT, Once                |

**Imaging: X-Ray Chest (Chest XR if patient is 70 years of age or older and no available chest XR in the past year)**

- X-ray chest 2 views, Once  Portable **Reason for exam:** \_\_\_\_\_

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X-ray chest 1 view, Once       Portable      Reason for exam: \_\_\_\_\_

**Imaging: X-Ray Hip/Pelvis**

X-ray pelvis 3+ views, Once       Portable      Reason for exam: \_\_\_\_\_

X-ray hip left 2+ views, Once       Portable      Reason for exam: \_\_\_\_\_

X-ray hip right 2+ views, Once       Portable      Reason for exam: \_\_\_\_\_

**Imaging: X-Ray Knee**

X-ray knee left 1 or 2 views, Once       Portable      Reason for exam: \_\_\_\_\_

X-ray knee right 1 or 2 views, Once       Portable      Reason for exam: \_\_\_\_\_

**Imaging: Cardiology**

EKG 12 lead, Once      Reason for exam: \_\_\_\_\_

**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: \_\_\_\_\_

**Other Orders/Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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