

General Surgery Pre-Op [1013]

Patient Name _____ MRN _____

General

Case Request

<input type="checkbox"/> Case request operating room	Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Other	

Inpatient Only Procedure (Single Response)

<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Attending Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Pre-op
<input type="checkbox"/> Other	

Nursing

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol, Pre-op
<input type="checkbox"/> Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Pre-op
<input type="checkbox"/> Other	

Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance Pre-op
<input type="checkbox"/> Other	

Nursing Care

<input type="checkbox"/> Height and weight	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Straight cath	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Insert and Maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Pre-op
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Pre-op
<input type="checkbox"/> Nasogastric Tube Insert and Maintain	
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type: Pre-op

<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: Pre-op
<input type="checkbox"/> Apply warming blanket	Routine, Once, Pre-op
<input type="checkbox"/> POCT bedside glucose	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Limb precautions	Location: Precaution: Pre-op
<input type="checkbox"/> Confirm NPO Status	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Complete Consent For	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Other	

Notify Physician

<input type="checkbox"/> Notify Physician if current oral intake status could potentially delay procedure start time	Routine, Until discontinued, Starting S, if current oral intake status could potentially delay procedure start time, Pre-op
<input type="checkbox"/> Other	

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO-After Midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO- Except sips with meds	Diet effective now, Starting S NPO: Except Sips with meds Pre-Operative fasting options: Pre-op
<input type="checkbox"/> Other	

IV Fluids

Insert and Maintain IV

<input type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, Pre-op
<input type="checkbox"/> Other	

IV Bolus (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> Other	

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Pre-op

<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> Custom IV Fluid	intravenous, continuous, Pre-op
<input type="checkbox"/> Other	

Medications

Beta-Blockers

<input type="checkbox"/> metoprolol (LOPRESSOR) injection	5 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> Other	

Antibiotics: For Patients GREATER than 120 kg (Single Response)

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> cefoxitin (MEFOXIN) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> ertapenem (INVanz) IV	1 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3.375 g, intravenous, once, For 1 Doses, Post-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> Other	

Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> cefoxitin (MEFOXIN) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> ertapenem (INVanz) IV	1 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3.375 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy:
<input type="checkbox"/> Other	

Antibiotics: If Beta-Lactam Allergy

<input type="checkbox"/> metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
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<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Antibiotics: MRSA Suspected

<input type="checkbox"/> vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Labs

<input type="checkbox"/> CBC and differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Amylase	Once, Pre-op
<input type="checkbox"/> Calcium	Once, Pre-op
<input type="checkbox"/> Magnesium	Once, Pre-op
<input type="checkbox"/> Phosphorus	Once, Pre-op
<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> Pregnancy, urine	Once, Pre-op
<input type="checkbox"/> Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> Other	

Cardiology

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
<input type="checkbox"/> CV pacemaker defib or ilr interrogation	Routine, Once, Pre-op
<input type="checkbox"/> Other	

Imaging

<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> XR Abdomen 1 Vw Portable	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> Other	

Other Studies

<input type="checkbox"/> Intraoperative monitoring	Routine, Once Procedure: O.R. Location: Modality: Pre-op
<input type="checkbox"/> Other	

Respiratory

Respiratory

<input type="checkbox"/> Oxygen therapy nasal cannula 2 Lpm	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy: Pre-op
<input type="checkbox"/> Other	

Consults

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason: Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op
<input type="checkbox"/> Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Routine, Once Special Instructions: Location of Wound? Pre-op
<input type="checkbox"/> Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for SLP? Pre-op
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Pre-op
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Pre-op
<input type="checkbox"/> Other	

Physician Signature _____ Date _____