

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)

() 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	

Precautions

<input type="checkbox"/> Aspiration precautions	Pre-op
<input type="checkbox"/> Fall precautions	Increased observation level needed: Pre-op
<input type="checkbox"/> Latex precautions	Pre-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: Pre-op
<input type="checkbox"/> Other	

Nursing**Vital signs**

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Pre-op
<input type="checkbox"/> Other	

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Bed rest with bedside commode	Routine, Until discontinued, Starting S Bathroom Privileges: with bedside commode Patient to use bedside commode, Pre-op
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Pre-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance Pre-op
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op
<input type="checkbox"/> Other	

Nursing care

<input type="checkbox"/> Obtain labs per anesthesia protocol	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Bathe with chlorhexidine	Routine, Once, Pre-op

<input type="checkbox"/> Patient education incentive spirometry	Routine, Once Patient/Family: Education for: Incentive spirometry Pre-op
<input type="checkbox"/> Use hover mat for patients with BMI greater than 30	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Other	

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: NPO midnight prior to surgery, Pre-op
<input type="checkbox"/> Other	

Consent

<input type="checkbox"/> Complete Consent Form	Routine, Once Consent For: Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Other	

IV Fluids

Maintenance IV Fluids

<input type="checkbox"/> lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	1,000 mL, intravenous, continuous, Pre-op
<input type="checkbox"/> Other	

Medications

Premanagement Medications

<input type="checkbox"/> acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.	
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.	
() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, once, For 1 Doses, Pre-op
() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> pregabalin (LYRICA) capsule	50 mg, oral, once, For 1 Doses, Pre-op Swallow with a sip of water.
<input type="checkbox"/> Other	

Antibiotics: cefazolin (ANCEF) for patients LESS than or EQUAL to 120 kg (Single Response)

() cefazolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy:
<input type="checkbox"/> Other	

Antibiotics: cefazolin (ANCEF) for patients GREATER than 120 kg (Single Response)

() cefazolin (ANCEF) IV	3 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy:
<input type="checkbox"/> Other	

Antibiotics: If Penicillin or Beta-Lactam Allergic

If patient is Penicillin or Beta-Lactam Allergic: choose ONE option from Section 1 and ONE option from Section 2.

Section 1 (Single Response)

(<input type="checkbox"/> metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Pre-op For penicillin or beta-lactam allergic patients. Type of Therapy:
(<input type="checkbox"/> clindamycin (CLEOCIN) IV - Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op For penicillin or beta-lactam allergic patients. Type of Therapy:

Section 2 (Single Response)

(<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	500 mg, intravenous, once, For 1 Doses, Pre-op For penicillin or beta-lactam allergic patients. Type of Therapy:
(<input type="checkbox"/> gentamicin (GARAMYCIN) IV	1.5 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op For penicillin or beta-lactam allergic patients. Type of Therapy:

Other

Labs Today

Hematology/Coagulation

<input type="checkbox"/> CBC with differential	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> Other	

Chemistry HMH, HMWB

<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> hCG qualitative, serum	Once, Pre-op
<input type="checkbox"/> hCG quantitative, serum	Once, Pre-op
<input type="checkbox"/> HIV 1, 2 antibody	Once, Pre-op
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-op
<input type="checkbox"/> hCG qualitative, urine	Once, Pre-op
<input type="checkbox"/> Urinalysis, automated with microscopy	Once, Pre-op
<input type="checkbox"/> Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> Other	

Chemistry HMSL, HMSJ, HMW

<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> hCG qualitative, serum	Once, Pre-op
<input type="checkbox"/> hCG quantitative, serum	Once, Pre-op
<input type="checkbox"/> Rapid HIV 1 & 2	Once, Pre-op
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-op
<input type="checkbox"/> hCG qualitative, urine	Once, Pre-op
<input type="checkbox"/> Urinalysis, automated with microscopy	Once, Pre-op
<input type="checkbox"/> Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> Other	

Pre-Op Studies

EKG

ECG Pre/Post Op

Routine, Once
Clinical Indications:
Interpreting Physician:
Pre-op

Other

X-Ray

Chest 1 Vw

Routine, 1 time imaging For 1

Other

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Social Work

Reason for Consult:
Pre-op

Consult to Spiritual Care

Reason for consult?
Pre-op

Other

Physician Signature _____ Date _____