

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	

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.	
<input type="checkbox"/> 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
<input type="checkbox"/> 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)

<input type="checkbox"/> 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)

<input type="checkbox"/> 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.

<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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

<input type="checkbox"/> ECG Pre/Post Op	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
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<input type="checkbox"/> Other	
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X-Ray

<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging For 1
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<input type="checkbox"/> Other	
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Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op
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<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
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<input type="checkbox"/> Other	
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Physician Signature _____ Date _____