

Patient name _____ MRN _____

General

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

Nursing Care

<input type="checkbox"/> Remove All Lines	Routine, Until discontinued, Starting S Remove all old intravenous lines 12 to 24 hours pre-operatively, Pre-op
<input type="checkbox"/> Chlorhexidine sage cloths	Routine, Once For patients who are unable to shower use cloths night before and prior to surgery, Pre-op
<input type="checkbox"/> Other	

Consents

<input type="checkbox"/> Complete consent for (LVAD)	Routine, Once Procedure: left ventricular assist device, tentative chest wash out and closure 24-48 hours post ventricular assist device implant Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for (LVAD & RVAD)	Routine, Once Procedure: Left Ventricular Assist Device and Right Ventricular Assist Device, Tentative chest wash out and closure 24-48 hours post ventricular assist device implant Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for (Total Artificial Heart)	Routine, Once Procedure: Total Artificial Heart, Tentative chest wash out and closure 24-48 hours post ventricular assist device implant Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician:
<input type="checkbox"/> Other	

Diet

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

IV Fluids

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"/> Other	

Medications

Prophylaxis

<input type="checkbox"/> mupirocin (BACTROBAN) 2 % ointment	1 application, Topical, once, S at 9:00 PM, For 1 Doses, Scheduling/ADT Swab in both nostrils the night before surgery
<input type="checkbox"/> mupirocin (BACTROBAN) 2 % ointment	1 application, Topical, once, S+1 at 6:00 AM, For 1 Doses, Scheduling/ADT Swab in both nostrils the morning of surgery
<input type="checkbox"/> Other	

Antibiotics

<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op Administer on-call to OR and 1 hour prior to skin incision Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> fluconazole (DIFLUCAN) IV	400 mg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Administer on-call to OR and 2 hour prior to skin incision Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis
<input type="checkbox"/> rifampin (RIFADIN) injection	600 mg, intravenous, once, For 1 Doses, Pre-op Administer on-call to OR and 1 hour prior to skin incision Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOBIN)	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Administer on-call to OR. Infuse each 500mg over 30 minutes. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis Indication: Increased MRSA rate (operation specific)
<input type="checkbox"/> Other	

Labs

Coagulopathy Risk Profile

<input type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	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"/> Thrombin time	Once, Pre-op
<input type="checkbox"/> Fibrinogen	Once, Pre-op
<input type="checkbox"/> D-dimer	Once, Pre-op

<input type="checkbox"/> Antithrombin III	Once, Pre-op
<input type="checkbox"/> Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op
<input type="checkbox"/> Prealbumin	Once, Pre-op
<input type="checkbox"/> Platelet function analysis	Once, Pre-op
<input type="checkbox"/> Heparin PF4 antibody (IgG)	Once If on heparin and low platelets (decreased by 50 percent or less than 150), Pre-op
<input type="checkbox"/> Other	

Laboratory

<input type="checkbox"/> Basic metabolic panel	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/> CBC with platelet and differential	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/> Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/> Thromboelastograph	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/> Other	

Blood Products

<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> Blood Administration - Red Blood Cells	
<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Special Requirements: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> Adult Blood Administration - Platelets	
<input type="checkbox"/> Prepare platelet pheresis	Routine Transfusion Indications: Special Requirements: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse platelets	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> Other	

Imaging

CT

<input type="checkbox"/> CV CT cardiac calcium scoring	Routine, 1 time imaging, Pre-op
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Other

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? respiratory therapy to teach incentive spirometry and deep breathing and coughing pre-operative Pre-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? MD order Diet Consult Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Other Specify Specify: pre-op Pre-op
<input type="checkbox"/> Consult to Transplant Social Work	Reason for Consult? Transplant Psychosocial Evaluation Organ Transplant: Heart Pre-op
<input type="checkbox"/> Other	

Physician signature _____ Date _____