

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	

Isolation Status

<input type="checkbox"/> Airborne isolation status	Routine, Continuous, Pre-op
<input type="checkbox"/> Contact isolation status	Routine, Continuous, Pre-op
<input type="checkbox"/> Droplet isolation status	Routine, Continuous, Pre-op
<input type="checkbox"/> Enteric isolation status	Routine, Continuous, 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 (per unit protocol)	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 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"/> Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance Pre-op

<input type="checkbox"/> Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib Pre-op
<input type="checkbox"/> Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees Pre-op
<input type="checkbox"/> Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat Pre-op
<input type="checkbox"/> Other	

Nursing

<input type="checkbox"/> Insert and Maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: 1) Remove Foley cath POD 1 or POD 2 and Document reason for not removing Foley. (Must be documented on POD 1 or POD 2), Pre-op
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain 1) Remove Foley cath POD 1 or POD 2 and Document reason for not removing Foley. (Must be documented on POD 1 or POD 2), Pre-op
<input type="checkbox"/> Confirm NPO Status	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Pulse oximetry check	Routine, Daily Current FIO2 or Room Air: On arrival to Pre-Op (Day Surgery), Pre-op
<input type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Other	

Notify

<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	

Consent

<input type="checkbox"/> Complete Consent Form	Routine, Once Consent For: Procedure: Diagnosis/Condition: Physician: 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 meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: Pre-op

<input type="checkbox"/> NPO after midnight except Meds	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except 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 Fluids (Single Response)

<input type="checkbox"/> lactated Ringer's infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> Other	

Medications

Intrathecal Infusion Pumps (Single Response)

<input type="checkbox"/> Implanted Intrathecal Infusion Pump with Sodium Chloride 0.9 % intrathecal infusion	
<input type="checkbox"/> Intrathecal drug infusion pump	Routine, Until discontinued, Starting S Medication(s) delivered: Injectable saline Pre-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	intrathecal, continuous, Pre-op
<input type="checkbox"/> Implanted Intrathecal Infusion Pump with Baclofen 50 mcg/mL intrathecal infusion	
<input type="checkbox"/> Intrathecal drug infusion pump	Routine, Until discontinued, Starting S Medication(s) delivered: Low concentration baclofen Pre-op
<input type="checkbox"/> baclofen (LIORESAL) 50 mcg/mL injection	50 mcg, intrathecal, continuous, Pre-op
<input type="checkbox"/> Implanted Intrathecal Infusion Pump with Baclofen 500 mcg/mL intrathecal infusion	
<input type="checkbox"/> Intrathecal drug infusion pump	Routine, Until discontinued, Starting S Medication(s) delivered: High concentration baclofen Pre-op
<input type="checkbox"/> baclofen (LIORESAL) 500 mcg/mL intrathecal injection	intrathecal, continuous, Pre-op
<input type="checkbox"/> Implanted Intrathecal Infusion Pump with morphine infusion	
<input type="checkbox"/> Intrathecal drug infusion pump	Routine, Until discontinued, Starting S Medication(s) delivered: Intrathecal morphine Pre-op
<input type="checkbox"/> morphine (PF) (INFUMORPH) in sodium chloride 0.9% intrathecal injection	intrathecal, continuous, Pre-op
<input type="checkbox"/> Implanted Intrathecal Infusion Pump with CUSTOM intrathecal infusion	
<input type="checkbox"/> Intrathecal drug infusion pump	Routine, Until discontinued, Starting S Medication(s) delivered: Custom cocktail transferred to new pump Pre-op
<input type="checkbox"/> Custom intrathecal infusion - Specify	intrathecal, continuous, Pre-op

Other

Labs

Labs STAT

<input type="checkbox"/> Type and screen	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> CBC and differential	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Platelet function P2Y12	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Platelet function analysis	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Bedside Glucose and Notify	"And" Linked Panel
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-op
<input type="checkbox"/> Notify Physician of bedside blood glucose LESS than 70 mg/dL and GREATER than 180 mg/dL	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Calcium	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Magnesium	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Phosphorus	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Pregnancy, urine	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Urine culture screen	STAT For 1 Occurrences, Urine, Pre-op
<input type="checkbox"/> Other	

Labs - AM

<input type="checkbox"/> Type and screen	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> CBC and differential	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Partial thromboplastin time	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Platelet function P2Y12	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Platelet function analysis	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Calcium	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Magnesium	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Phosphorus	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Pregnancy, urine	AM draw For 1 Occurrences, Pre-op
<input type="checkbox"/> Urine culture screen	AM draw For 1 Occurrences, Urine, Pre-op
<input type="checkbox"/> Other	

Cardiology

Cardiology

<input type="checkbox"/> ECG Pre/Post Op	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Pre-op
<input type="checkbox"/> Other	

Imaging

X-ray

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> Chest 1 Vw	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> Other	

Other Studies

Other Diagnostic Studies

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

Lab Draw

<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> Other	

Blood Products - Adult

<input type="checkbox"/> Adult 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
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Adult Blood Administration - Fresh Frozen Plasma

<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Pre-op
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<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
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Adult Blood Administration - Cryoprecipitate

<input type="checkbox"/> Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Pre-op
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<input type="checkbox"/> Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op
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Other

IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
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<input type="checkbox"/> sodium chloride 0.9 % infusion	500 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
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Other

Medications

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	oral, once, For 1 Doses, Pre-op
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<input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule	25 mg, oral, once, For 1 Doses, Pre-op
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<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses, Pre-op
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<input type="checkbox"/> hydrocortisone sodium succinate (PF) (Solu-CORTEF) injection	100 mg, intravenous, once, For 1 Doses, Pre-op
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<input type="checkbox"/> furosemide (LASIX) injection	20 mg, intravenous, once, For 1 Doses, Pre-op
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<input type="checkbox"/> furosemide (LASIX) tablet	oral, once, For 1 Doses, Pre-op
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Other

Physician Signature _____ Date _____