

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

<input type="checkbox"/> Vital Signs	Routine, Per unit protocol Temperature; Pulse; Respiration; Blood Pressure, Pre-op
<input type="checkbox"/> Confirm NPO status	Routine, Until discontinued, Starting S Confirm NPO status, Pre-op
<input type="checkbox"/> Height and weight	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Place sequential compression device	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Complete Consent For	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Notify Surgeon	Routine, Until discontinued, Starting S Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: 60 Heart rate greater than: 100 Heart rate less than: 60 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92
<input type="checkbox"/> Other	

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
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<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Pre-op
<input type="checkbox"/> Other	

Medications

Ophthalmic Medications

<input type="checkbox"/> ketorolac (ACULAR) 0.4% ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> flurbiprofen (OCUFEN) 0.03% ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> tetracaine HCl (PF) (AKTEN) 0.5 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> pilocarpine (PILOCAR) 1 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> pilocarpine (PILOCAR) 2 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> Other	

Ophthalmic Antibiotics

<input type="checkbox"/> besifloxacin (BESIVANCE) 0.6% ophthalmic suspension	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> moxifloxacin (VIGAMOX) 0.5% ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> gentamicin (GARAMYCIN) 0.3% ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> Other	

Pupillary Dilation

<input type="checkbox"/> atropine 1 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> phenylephrine (MYDFRIN) 2.5 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> cyclopentolate (CYCLODRYL) 1 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> homatropine 5 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> tropicamide (MYDRIACYL) 1 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> scopolamine (HYOSCINE) 0.25 % ophthalmic solution	1 drop, every 5 min, For 3 Doses, Pre-op
<input type="checkbox"/> Other	

IV Antibiotics: For Patients LESS than or EQUAL to 120 kg

<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"/> Other	

IV Antibiotics: For Patients GREATER than 120 kg

<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"/> Other	

Antibiotics: if Beta-Lactam Allergy

<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, on call to O.R., 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 MRSA Suspected

Do not redose post op for patient with CrCl less than 40

<input type="checkbox"/> vancomycin (VANCOCIN) 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. Rate should not exceed 1000 mg per hour. Do not exceed MAX dose 2000 mg for surgical prophylaxis. Type of Therapy:
<input type="checkbox"/> Other	

Respiratory

<input type="checkbox"/> albuterol (VENTOLIN) inhaler	2 puff, inhalation, once, For 1 Doses, Pre-op
<input type="checkbox"/> ipratropium (ATROVENT) nebulizer	0.5 mg, nebulization, once, For 1 Doses, Pre-op Aerosol Delivery Device:
<input type="checkbox"/> Other	

Labs

Laboratory

<input type="checkbox"/> Basic metabolic panel	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> CBC and differential	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Calcium	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> hCG, serum, qualitative	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Pregnancy, urine	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Urinalysis with microscopic	Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Other	

Cardiology

EKG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op
<input type="checkbox"/> Other	

Diagnostic Imaging

X-Ray

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

CT

<input type="checkbox"/> CT Orbits Wo Contrast	Routine, 1 time imaging For 1 2 millimeter cuts with direct coronal if possible., Pre-op
<input type="checkbox"/> Other	

Respiratory

Respiratory

Oxygen therapy - nasal cannula, 4 Lpm

Routine, Continuous
Device 1: Nasal Cannula
Rate in liters per minute: 4 Lpm
Rate in tenths of a liter per minute:
O2 %:
Titrate to keep O2 Sat Above: 92%
Indications for O2 therapy:
Device 2:
Device 3:
Indications for O2 therapy:
Pre-op

Other

Physician Signature _____ Date _____