

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	

Nursing

<input type="checkbox"/> Place sequential compression device	Routine, Once, Pre-op
<input type="checkbox"/> Place antiembolic stockings	Routine, Once, 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

Prophylactic 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 Administer within 60 minutes before surgical incision. Type of Therapy:
---	---

<input type="checkbox"/> clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Administer within 60 minutes before surgical incision. Type of Therapy:
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Administer within 60-120 minutes before surgical incision. Type of Therapy:
<input type="checkbox"/> Other	

Prophylactic 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 Administer within 60 minutes before surgical incision. Type of Therapy:
<input type="checkbox"/> clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Administer within 60 minutes before surgical incision. Type of Therapy:
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Administer within 60-120 minutes before surgical incision. Type of Therapy:
<input type="checkbox"/> Other	

Miscellaneous Medications

<input type="checkbox"/> oxymetazoline (AFRIN) 0.05 % nasal spray	2 spray, Each Nare, 30 min pre-op, For 1 , Pre-op Instill 2 sprays per nostril(s) every 5 minutes starting 30 minutes prior to procedure. For sinus cases, nasal surgery and septoplasty
<input type="checkbox"/> Other	

Labs

Labs

<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"/> Platelet function P2Y12	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Platelet function analysis	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Glucose level	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"/> 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	

Cardiology

Cardiology

<input type="checkbox"/> ECG Pre/Post Op	Routine, Once Clinical Indications: Interpreting Physician: 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 Portable	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> Other	

Respiratory

Respiratory

<input type="checkbox"/> Oxygen therapy nasal cannula 2 Lpm	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy: Pre-op
<input type="checkbox"/> Other	

Consults

Lab Draw

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

Blood Products - Adult

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
--	---

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
--	---

Adult Blood Administration - Fresh Frozen Plasma

<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Pre-op
--	--

<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
--	---

Adult Blood Administration - Cryoprecipitate

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

Other

IV Fluids

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

Medications

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

Physician signature _____ Date _____