

Patient name _____ MRN _____

General

Inpatient Only Procedure (Single Response)

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

Other

Nursing

Activity

Ambulate patient

Routine, 3 times daily

Specify:

Pre-op

Strict bed rest

Routine, Until discontinued, Starting S, Pre-op

Activity as tolerated; up in chair

Routine, Until discontinued, Starting S

Specify: Activity as tolerated, Up in chair

Additional modifier:

Pre-op

Other

Nursing

Vital signs - T/P/R/BP

Routine, Per unit protocol, Pre-op

Height and weight

Routine, Once, Pre-op

Intake and output

Routine, Every shift, Pre-op

Insert and maintain Foley

Insert Foley catheter

Routine, Once

Type:

Size:

Urinometer needed:

Pre-op

Foley Catheter Care

Routine, Until discontinued, Starting S

Orders: Maintain

Pre-op

Straight cath

Routine, Once, Pre-op

Nursing to confirm perioperative antibiotics

Routine, Until discontinued, Starting S

Nursing to confirm perioperative antibiotics are to be started in the periop or preop environment to be given within 1 hour prior to the incision., Pre-op

Incentive spirometry

Routine, 4 times daily

Send incentive spirometer to ICU when patient leaves for operating room., Pre-op

Complete consent for

Routine, Once

Procedure:

Diagnosis/Condition:

Physician:

Pre-op

Other

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Nothing by mouth after midnight before surgery except for cardiac and antihypertensive medications., Pre-op
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Pre-op
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Low Fat, Low Cholesterol Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Pre-op
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<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"/> Custom IV Fluid	intravenous, continuous, Pre-op
<input type="checkbox"/> Other	

Medications

Medications

<input type="checkbox"/> mupirocin (BACTROBAN) 2 % nasal ointment	1 application, nasal, 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 % nasal ointment	1 application, nasal, once, For 1 Doses, Pre-op In operating room holding area. Swab in both nostrils.
<input type="checkbox"/> Other	

PreOp Antibiotics

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg

<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Pre-op To be given pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV - For Penicillin Allergic Patients or High Risk for MRSA	15 mg/kg, intravenous, once, For 1 Doses, Pre-op To be given pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op To be given pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Labs

Laboratory

<input type="checkbox"/> BUN level	Once, Pre-op
<input type="checkbox"/> Creatinine level	Once, Pre-op
<input type="checkbox"/> Glucose level	Once, Pre-op
<input type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Electrolyte panel	Once, Pre-op
<input type="checkbox"/> hCG qualitative, urine	Once, Pre-op
<input type="checkbox"/> Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> TSH	Once, Pre-op
<input type="checkbox"/> Other	

Imaging

Diagnostic X-Ray

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

Other Studies

Other Diagnostics

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

Consults

For Physician Consult orders use sidebar

Consults

<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Discharge Planning Pre-op
<input type="checkbox"/> Other	

Physician Signature _____ Date _____