

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

Activity

<input type="checkbox"/> Ambulate patient	Routine, 3 times daily Specify: Pre-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Activity as tolerated; up in chair	Routine, Until discontinued, Starting S Specify: Activity as tolerated, Up in chair Additional modifier: Pre-op
<input type="checkbox"/> Other	

Nursing

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Pre-op		
<input type="checkbox"/> Height and weight	Routine, Once, Pre-op		
<input type="checkbox"/> Intake and output	Routine, Every shift, Pre-op		
<input type="checkbox"/> Insert and maintain Foley	<input type="checkbox"/> Insert Foley catheter <table border="1" style="margin-left: 20px; width: 80%;"> <tr> <td style="width: 50%;"> Routine, Once Type: Size: Urinometer needed: Pre-op </td> <td style="width: 50%;"></td> </tr> </table>	Routine, Once Type: Size: Urinometer needed: Pre-op	
Routine, Once Type: Size: Urinometer needed: Pre-op			
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Pre-op		
<input type="checkbox"/> Straight cath	Routine, Once, Pre-op		
<input type="checkbox"/> 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		
<input type="checkbox"/> Incentive spirometry	Routine, 4 times daily Send incentive spirometer to ICU when patient leaves for operating room., Pre-op		
<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op		
<input type="checkbox"/> 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	
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<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 _____