

General

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

[] Other Diagnostic Studies

<input type="checkbox"/> ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+366, Pre-Admission Testing
<input type="checkbox"/> Pv carotid duplex	Status: Future, Expires: S+366, Routine, Clinic Performed
<input type="checkbox"/> Us vein mapping lower extremity	Status: Future, Expires: S+366, Routine, Clinic Performed

[] Respiratory

<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Diffusion capacity	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Spirometry	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?

[] Laboratory: Preoperative Testing Labs - All Facilities

<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Clinic Collect LabCorp Has the patient fasted? Pre-Admission Testing
<input type="checkbox"/> Comprehensive metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Partial thromboplastin time	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hepatic function panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Platelet function analysis	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hemoglobin A1c	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Type and screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> hCG qualitative, serum screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> POC pregnancy, urine	Routine, Point Of Care, Pre-Admission Testing
<input type="checkbox"/> Urinalysis, automated with microscopy	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

[] Laboratory: Additional Labs - HMWB, HMSJ, HMSTJ, HMTW

<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/> CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> HIV 1, 2 antibody	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Laboratory: Additional Labs - HMSL, HMW		
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Rapid HIV 1 & 2	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Laboratory: Additional Labs - HMM		
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	HIV Ag/Ab combination	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

Case Request

<input type="checkbox"/>	Case Request GI	Scheduling/ADT, Scheduling/ADT
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Nursing

Activity

<input type="checkbox"/>	Strict bed rest	Routine, Until discontinued, Starting S, Pre-Procedure
<input type="checkbox"/>	Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: Pre-Procedure
<input type="checkbox"/>	Ambulate with assistance	Routine, 3 times daily Specify: with assistance Pre-Procedure
<input type="checkbox"/>	Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-Procedure

Consent

[] Complete consent for Anesthesia/Sedation	Routine, Once Procedure: Anesthesia/Sedation Diagnosis/Condition: Physician: Pre-Procedure
[] Complete consent for Esophagogastroduodenoscopy	Routine, Once Procedure: Esophagogastroduodenoscopy and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
[] Complete consent for Esophagogastroduodenoscopy with PEG insertion	Routine, Once Procedure: Esophagogastroduodenoscopy with PEG insertion and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
[] Complete consent for Endoscopic Retrograde Cholangiopancreatogram	Routine, Once Procedure: Endoscopic Retrograde Cholangiopancreatogram and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
[] Complete consent for Endoscopic Ultrasound	Routine, Once Procedure: Endoscopic Ultrasound and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
[] Complete consent for Enteroscopy	Routine, Once Procedure: Enteroscopy and indicated procedures Diagnosis/Condition: Physician: Please have patient sign {Lower/Upper:29007} GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
[] Complete consent for EUS Guided Pseudocyst drainage	Routine, Once Procedure: EUS Guided Pseudocyst drainage and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
[] Complete consent for Capsule Endoscopy	Routine, Once Procedure: Capsule Endoscopy and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure

<input type="checkbox"/> Complete consent for Colonoscopy	Routine, Once Procedure: Colonoscopy and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Lower GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for Flexible Sigmoidoscopy	Routine, Once Procedure: Flexible Sigmoidoscopy and indicated procedures Diagnosis/Condition: Physician: Please have patient sign Lower GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-Procedure
<input type="checkbox"/> Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Pre-Procedure
<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Water flush (30 mL) frequency: Free water restriction: Pre-Procedure
<input type="checkbox"/> Hold tube feedings	Routine, Once, Pre-Procedure

IV Fluids

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Medications

Sedation Medications

<input checked="" type="checkbox"/> MIDAZolam (VERSED) injection	5 mg, intravenous, once, For 1 Doses, Pre-Procedure On-call for procedure.
<input checked="" type="checkbox"/> fentaNYL (SUBLIMAZE) injection	100 mcg, intravenous, once, For 1 Doses, Pre-Procedure On-call for procedure.

Restricted Medications

<input type="checkbox"/> No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: Verify that all antiplatelets except aspirin have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any antiplatelets given day of procedure, Pre-Procedure
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: Verify that all antiplatelets have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any antiplatelets given day of procedure, Pre-Procedure
<input type="checkbox"/> No anticoagulants EXcluding UNfractionated heparin	Routine, Until discontinued, Starting S Verify that all anticoagulants except heparin have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any anticoagulants given day of procedure, Pre-Procedure
<input type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: Verify that all anticoagulants have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any anticoagulants given day of procedure, Pre-Procedure

Colon Prep - GoLYTELY - Full and Split Dose option (Single Response)

<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	4,000 mL, oral, once, S at 9:00 PM, For 1 Doses, Pre-Procedure
<input type="checkbox"/> Split Dose Option: polyethylene glycol (GoLYTELY) solution 2000 mL x 2 Doses	"Followed by" Linked Panel
<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	2,000 mL, oral, once, S at 5:00 PM, For 1 Doses, Pre-Procedure Drink 1 glass every 15 minutes until total 2000 ml is taken (Keep the rest for the second dose)
<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	2,000 mL, oral, once, S+1 at 3:00 AM, For 1 Doses, Pre-Procedure

Other Colon Preps - NOT HMSJ

<input type="checkbox"/> magnesium citrate solution	1 Bottle, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily, Pre-Procedure
<input type="checkbox"/> senna (SENOKOT) tablet	2 tablet, oral, once, For 1 Doses, Pre-Procedure

Other Colon Preps - HMSJ Only

<input type="checkbox"/> magnesium citrate solution	1 Bottle, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily, Pre-Procedure
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, once, For 1 Doses, Pre-Procedure

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, S+1 at 7:00 AM, Pre-Procedure 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, S+1 at 7:00 AM, Pre-Procedure Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

<input type="checkbox"/> ampicillin IV	2 g, intravenous, for 30 Minutes, once, S+1 at 7:00 AM, For 1 Doses, Pre-Procedure Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB	80 mg, intravenous, for 30 Minutes, once, S+1 at 7:00 AM, For 1 Doses, Pre-Procedure Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, S+1 at 7:00 AM, For 1 Doses, Pre-Procedure Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ertapenem (INVanz) injection	1 g, intravenous, once, S+1 at 7:00 AM, For 1 Doses, Pre-Procedure Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

VTE

Labs

Labs

<input type="checkbox"/> CBC with differential	Once, Pre-Procedure
<input type="checkbox"/> Basic metabolic panel	Once, Pre-Procedure
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-Procedure
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-Procedure
<input type="checkbox"/> hCG qualitative, urine	Once, Pre-Procedure
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-Procedure

Cardiology

EKG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician: Pre-Procedure
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Imaging

Other Studies

Respiratory

Rehab

Consults

Additional Orders