

## 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"/>	Syphilis treponemal IgG	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"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: 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"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	<b>Laboratory: Additional Labs - HMSL, HMW</b>	
<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"/>	Syphilis treponemal IgG	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"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: 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"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	<b>Laboratory: Additional Labs - HMM</b>	
<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"/>	Syphilis treponemal IgG	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"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: 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"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

### Case Request

Case request operating room Scheduling/ADT, Scheduling/ADT

### Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

Admit to Inpatient

Diagnosis:  
Admitting 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

## Nursing

### Vital Signs

Vital signs - T/P/R/BP - Per Unit Protocol Routine, Per unit protocol, Pre-op

Vital signs - T/P/R/BP - Every 4 Hours Routine, Every 4 hours, Pre-op

### Notify

Notify Physician for vitals:

Routine, Until discontinued, Starting S  
Temperature greater than: 101.5  
Temperature less than:  
Systolic BP greater than: 180  
Systolic BP less than: 80  
Diastolic BP greater than: 120  
Diastolic BP less than: 40  
MAP less than:  
Heart rate greater than (BPM): 115  
Heart rate less than (BPM): 45  
Respiratory rate greater than: 25  
Respiratory rate less than:  
SpO2 less than:

### Nursing

Height and weight on arrival Routine, Once, Pre-op

<input checked="" type="checkbox"/> Complete consent form	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Void on call to OR	Routine, Once, Pre-op
<input type="checkbox"/> Verify modification of diabetic agents	Routine, Until discontinued, Starting S Nurse to check with primary physician for diabetic medication adjustment., Post-op
<input type="checkbox"/> Verify lab results available	Routine, Once For 1 Occurrences Nurse to verify the following labs are available:  PRE-OP: CBC, INR (if on coumadin), potassium, urinalysis;  Call surgeon with abnormal results, Pre-op
<input type="checkbox"/> Verify surgical site confirmation documentation completed	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Verify discontinuation of anti-thrombotics	Routine, Once For 1 Occurrences If patient has taken any of the following agents within the listed period prior to surgery, contact surgeon for further instructions:  Apixaban, aspirin, clopidogrel, rivaroxiban, dabigatran, prasugrel, or ticagrelor; 5-7 days COUMADIN/warfarin 3-5 days; enoxaparin 12 hours; and heparin 4 hours prior to procedure. If patient is taking COUMADIN/warfarin within 72 hours of exam, have INR drawn prior to appointment., Pre-op
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Pre-op
<input type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input type="checkbox"/> Change IV site dressing	Routine, Per unit protocol, Pre-op
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type: Set to low intermittent suction., Pre-op
<input type="checkbox"/> Tobacco cessation education	Routine, Once, Pre-op
<input type="checkbox"/> Alcohol and or drug assessment	Routine, Once, Pre-op

#### Diet

<input type="checkbox"/> NPO - effective midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
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## IV Fluids

#### IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's 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"/> dextrose 5%-sodium chloride 0.45% (D5-1/2NS) with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45% with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op

## Medications

#### Antibiotics (Single Response)

() Antibiotics (Pre-Op)	
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, Starting S, 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, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	For penicillin allergic patients: clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, 60 min pre-op, Starting S, For 1 Doses, Pre-op To be initiated within 1 hour of surgery. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin Allergic patients	<b>"And" Linked Panel</b>
<input type="checkbox"/>	gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	clindamycin (CLEOCIN) IVPB	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 1 hour of penile prosthesis procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOCIN) IVPB	<b>"And" Linked Panel</b>
<input type="checkbox"/>	gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

( ) Antibiotics - Pubovaginal Sling (Pre-Op): For Patients LESS than or EQUAL to 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for Pubovaginal Sling. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

<input type="checkbox"/>	ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	cefoxitin (MEFOXIN) 2 g IVPB	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	gentamicin plus metronidazole for Penicillin Allergic Patients	<b>"And" Linked Panel</b>
<input type="checkbox"/>	gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/>	metronidazole (FLAGYL) 500 mg IVPB	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Antibiotics - Pubovaginal Sling (Pre-Op): For Patients GREATER than 120 kg (Single Response)	
HOP Outpatient Surgery approved antibiotic options for Pubovaginal Sling. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.	
<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefoxitin (MEFOXIN) 2 g IVPB	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin plus metronidazole for Penicillin Allergic Patients	<b>"And" Linked Panel</b>
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL) 500 mg IVPB	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Antibiotics - Prostate Biopsy: For Patients LESS than or EQUAL to 120 kg (Single Response)	
HOP Outpatient Surgery approved antibiotic options for prostate biopsy surgery. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.	
<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefoxitin (MEFOXIN) 2 g injection	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> trimethoprim-sulfamethoxazole (BACTRIM) IVPB	320 mg, intravenous, for 2 Hours, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Antibiotics - Prostate Biopsy: For Patients GREATER than 120 kg (Single Response)	
HOP Outpatient Surgery approved antibiotic options for prostate biopsy surgery. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.	

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefoxitin (MEFOXIN) 2 g injection	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> trimethoprim-sulfamethoxazole (BACTRIM) IVPB	320 mg, intravenous, for 2 Hours, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Antibiotics - Penile Prosthesis Insertion, Removal, or Revision (Pre-Op) (Single Response)	
HOP Surgery approved antibiotic options for penile prosthesis surgery. If patient allergy prevents use of the options below, please confirm that the allergy is documented on the patient allergy list and consult pharmacy or infectious disease consultant for alternative options.	
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients GREATER THAN 120 kg	<b>"And" Linked Panel</b>
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefazolin (ANCEF) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients LESS than or EQUAL to 120 kg	<b>"And" Linked Panel</b>
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Reason for Therapy:
<input type="checkbox"/> cefazolin (ANCEF) IVPB	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Reason for Therapy:
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin Allergic patients	<b>"And" Linked Panel</b>
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

<input type="checkbox"/> clindamycin (CLEOCIN) IVPB	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 1 hour of penile prosthesis procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOCIN) IVPB	<b>"And" Linked Panel</b>
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

**Beta Blocker - Required if patient is on Home Beta Blockers (Pre-Op) (Single Response)**

If patient is on a beta blocker at home, they should receive a dose on the day of procedure unless contraindicated.

<input type="checkbox"/> Contraindication to beta blocker - patient is on a beta blocker at home, but contraindicated at this time.	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, 60 min pre-op, Starting S, For 1 Doses, Pre-op Hold for systolic blood pressure less than 100 mmHg, diastolic blood pressure less than 60 mmHg, heart rate less than 50 bpm or patient is on a vassopressor or inotrope. HOLD parameters for this order: Contact Physician if:

**mitoMYcin (MUTAMYCIN) injection for TUR**

!!! SELECT the TOTAL number of 10 mg/10 mL Syringes that are required !!!

<input type="checkbox"/> mitoMYcin (MUTAMYCIN) 10 mg/10 mL syringe for TUR - select total number of syringes needed	
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once For 1 Doses To be given in the OR for TUR - Syringe 1
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once For 1 Doses To be given in the OR for TUR - Syringe 2
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once For 1 Doses To be given in the OR for TUR - Syringe 3
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once For 1 Doses To be given in the OR for TUR - Syringe 4

**Chemo Bladder Instillation (Single Response)**

<input type="checkbox"/> mitomycin (MUTAMYCIN) chemo bladder instillation	
<input type="checkbox"/> mitoMYcin (MUTAMYCIN) in sodium chloride 0.9% 40 mL chemo bladder instillation	intravesical, for 2 Hours, once, For 1 Doses
<input type="checkbox"/> gemcitabine (GEMZAR) chemo bladder instillation	
<input type="checkbox"/> gemcitabine (GEMZAR) in sodium chloride 0.9% 100 mL chemo bladder instillation	2,000 mg, intravesical, for 2 Hours, once, For 1 Doses, Pre-op Urethral catheters are to be unclamped after 1 hour of instillation or sooner if patients experienced significant discomfort.

VTE



Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

- CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
- Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
- Age 60 and above Severe fracture of hip, pelvis or leg
- Central line Acute spinal cord injury with paresis
- History of DVT or family history of VTE Multiple major traumas
- Anticipated length of stay less than 48 hours Abdominal or pelvic surgery for CANCER
- Less than fully and independently ambulatory Acute ischemic stroke
- Estrogen therapy History of PE
- Moderate or major surgery (not for cancer)
- Major surgery within 3 months of admission

**Labs**

**Laboratory**

<input type="checkbox"/>	Basic metabolic panel	Once, Pre-op
<input type="checkbox"/>	Electrolyte panel	Once, Pre-op
<input type="checkbox"/>	Creatinine level	Once, Pre-op
<input type="checkbox"/>	BUN level	Once, Pre-op
<input type="checkbox"/>	Hemoglobin and hematocrit	Once, Pre-op
<input type="checkbox"/>	CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/>	Type and screen	Once, Pre-op
<input type="checkbox"/>	Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/>	Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
<input type="checkbox"/>	Urinalysis, automated with microscopy	Once, Pre-op
<input type="checkbox"/>	hCG QUALitative, urine	Once, Pre-op
<input type="checkbox"/>	POC glucose	Once, Pre-op

**Cardiology**

**Imaging**

**Imaging**

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

**Other Studies**

**Other Diagnostic Studies**

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

**Rehab**

**Consults**

**Consults**

<input type="checkbox"/> Consult to Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Pre-op
<input type="checkbox"/> Consult to Cardiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Pre-op
<input type="checkbox"/> Consult to Internal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Pre-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
<input type="checkbox"/> Consult to Case Management	Consult Reason: Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op

**Additional Orders**