

General

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.

<input type="checkbox"/> 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
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Nursing

Nursing Care

<input checked="" type="checkbox"/> Remove All Lines	Routine, Until discontinued, Starting S Remove all old intravenous lines 12 to 24 hours pre-operatively, Pre-op
<input type="checkbox"/> Chlorhexidine sage cloths	Routine, Once For patients who are unable to shower use cloths night before and prior to surgery, Pre-op

Consents

<input type="checkbox"/> Complete consent for (LVAD)	Routine, Once Procedure: left ventricular assist device, tentative chest wash out and closure 24-48 hours post ventricular assist device implant Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for (LVAD & RVAD)	Routine, Once Procedure: Left Ventricular Assist Device and Right Ventricular Assist Device, Tentative chest wash out and closure 24-48 hours post ventricular assist device implant Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for (Total Artificial Heart)	Routine, Once Procedure: Total Artificial Heart, Tentative chest wash out and closure 24-48 hours post ventricular assist device implant Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician:

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: After midnight day of scheduled surgery, Pre-op
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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

Medications

Prophylaxis

<input checked="" type="checkbox"/> mupirocin (BACTROBAN) 2 % ointment	1 application, Topical, once, S at 9:00 PM, For 1 Doses, Pre-Procedure Swab in both nostrils the night before surgery
<input checked="" type="checkbox"/> mupirocin (BACTROBAN) 2 % ointment	1 application, Topical, once, S+1 at 6:00 AM, For 1 Doses, Pre-Procedure Swab in both nostrils the morning of surgery

Antibiotics

<input type="checkbox"/> Ceftriaxone + Vancomycin	
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op To be dispensed in FBOR and administered by Anesthesia. To be given 1 hour PRIOR to skin incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op To be dispensed in FBOR and administered by Anesthesia. To be given 1 hour PRIOR to skin incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis Indication: Increased MRSA rate (operation specific)

VTE

Labs

Coagulopathy Risk Profile

<input type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	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"/> Thrombin time	Once, Pre-op
<input type="checkbox"/> Fibrinogen	Once, Pre-op
<input type="checkbox"/> D-dimer	Once, Pre-op
<input type="checkbox"/> Antithrombin III	Once, Pre-op
<input type="checkbox"/> Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op
<input type="checkbox"/> Prealbumin	Once, Pre-op
<input type="checkbox"/> Platelet function analysis	Once, Pre-op
<input type="checkbox"/> Heparin PF4 antibody (IgG)	Once If on heparin and low platelets (decreased by 50 percent or less than 150), Pre-op

Laboratory

<input type="checkbox"/>	Basic metabolic panel	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/>	CBC with platelet and differential	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/>	Prothrombin time with INR	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/>	Partial thromboplastin time	Once At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/>	Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): At 3 am morning of planned surgery, Pre-op
<input type="checkbox"/>	Thromboelastograph	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): At 3 am morning of planned surgery, Pre-op

Blood Products

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

Cardiology

Imaging

CT

<input type="checkbox"/>	CV CT cardiac calcium scoring	Routine, 1 time imaging, Pre-op
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Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input checked="" type="checkbox"/>	Consult to Respiratory Therapy	Reason for Consult? respiratory therapy to teach incentive spirometry and deep breathing and coughing pre-operative Pre-op
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<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? MD order Diet Consult Pre-op, Nutrition assessment
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Other Specify Specify: pre-op Pre-op, Pre-op
<input type="checkbox"/> Consult to Transplant Social Work	Reason for Consult? Transplant Psychosocial Evaluation Organ Transplant: Heart Pre-op

Additional Orders