

General

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

Nursing

Obtain medical records Routine, Once
 Specify From: Place History and Physical, Labs, Chest X-Ray and EKG done as an outpatient on chart
 Pre-op

Bedside glucose Routine, Once For 1 Occurrences
 One hour prior to surgery. If blood glucose is LESS than 120, notify Provider(s), Pre-op

Give all oral medications with sips of water Routine, Until discontinued, Starting S, Pre-op

Chlorhexidine sage cloths Routine, As needed For 2 Occurrences
 For patients who are unable to shower use cloths night before surgery and prior to surgery, Pre-op

Chlorhexidine sage cloths Routine, Once
 Cleanse operative extremity., Pre-op

Place/Maintain sequential compression device continuous Routine, Continuous
 Place unused TED hose to chart., Pre-op

IN AOD: Remove hair with clippers or depilatory at operative site Routine, Until discontinued, Starting S, Pre-op

Consent

Complete consent for Hip Fracture ORIF vs Prosthetic Replacement Routine, Once
 Procedure:
 Diagnosis/Condition:
 Physician:
 Pre-op

Complete consent for Total Hip Arthroplasty Routine, Once
 Procedure: Total Hip Arthroplasty
 Laterality:
 Diagnosis/Condition:
 Physician:
 Pre-op

<input type="checkbox"/> Complete consent for Total Knee Arthroplasty	Routine, Once Procedure: Total Knee Arthroplasty Laterality: Primary or Revision: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Reverse Total Shoulder Replacement	Routine, Once Procedure: Reverse Total Shoulder Replacement Laterality: Primary or Revision: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Total Shoulder Arthroplasty	Routine, Once Procedure: Total Shoulder Arthroplasty Laterality: Primary or Revision: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Unicondylar Knee Arthroplasty	Routine, Once Procedure: Unicondylar Knee Arthroplasty Laterality: Primary or Revision: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Laterality: Primary or Revision: Diagnosis/Condition: Physician: Pre-op

Notify

<input type="checkbox"/> Notify Physician of patient's admission	Routine, Until discontinued, Starting S, Pre-op
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Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
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IV Fluids

Insert and Maintain IV

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

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

Medications

Prep - chlorhexidine (HIBICLENS) 4% Surgical Scrub

<input type="checkbox"/> chlorhexidine (HIBICLENS) 4 % liquid	Topical, once, For 1 Doses, Pre-op For patients who can shower only.
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Antibiotics: For Patients LESS than or EQUAL to 120 kg

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients LESS than or EQUAL to 120 kg; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefepime (MAXIPIME) IV	1 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Reason for Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Reason for Therapy:
<input type="checkbox"/> clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients Penicillin Allergic; On Call to OR 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 Within 2 hours prior to incision; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

Antibiotics: For Patients GREATER than 120 kg

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients GREATER than 120 kg; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefepime (MAXIPIME) IV	1 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Reason for Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Reason for Therapy:
<input type="checkbox"/> clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients Penicillin Allergic; On Call to OR 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 Within 2 hours prior to incision; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

PreOperative Pain Medications: For Patients LESS than 70 years old

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, once, For 1 Doses, Pre-op
<input checked="" type="checkbox"/> celecoxib (CeleBREX) capsule	400 mg, oral, once, For 1 Doses, Pre-op Do NOT give if Sulfa Allergy/Renal Disease.
<input type="checkbox"/> pregabalin (LYRICA) capsule	75 mg, oral, once, For 1 Doses, Pre-op

PreOperative Pain Medications: For Patients GREATER than 70 years old

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, once, For 1 Doses, Pre-op
<input checked="" type="checkbox"/> celecoxib (CeleBREX) capsule	400 mg, oral, once, For 1 Doses, Pre-op Do NOT give if Sulfa Allergy/Renal Disease.
<input type="checkbox"/> pregabalin (LYRICA) capsule	50 mg, oral, once, For 1 Doses, Pre-op

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, once, For 1 Doses, Pre-op
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PreOperative GI Medications

<input checked="" type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days)	1 patch, transdermal, for 72 Hours, once, For 1 Doses, Pre-op
<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> metoclopramide (REGLAN) tablet	10 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, once, For 1 Doses, Pre-op

PreOperative PRN Medications

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once PRN, itching, For 1 Doses
<input type="checkbox"/> mupirocin (BACTROBAN) 2 % ointment	Topical, 2 times daily PRN, to prevent MRSA, Pre-op

Labs

Laboratory STAT

<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Amylase level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> C-reactive protein	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Sedimentation rate	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Calcium level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Magnesium level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Phosphorus level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Sodium level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Potassium level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> hCG qualitative, urine screen	STAT For 1 Occurrences, Pre-op

Cardiology

Imaging

X-Ray

<input type="checkbox"/> XR Chest 1 Vw	STAT, 1 time imaging For 1 , Pre-op
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Other Studies

Other Diagnostic Studies

<input type="checkbox"/> ECG Pre/Post Op	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
<input type="checkbox"/> Intraoperative monitoring	Routine, Once Procedure: O.R. Location: Modality: Pre-op

Respiratory

Rehab

Consults

Additional Orders

Blood Products

Lab Draw

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

<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Transfusion date: Blood Products
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<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op
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 Platelets

<input type="checkbox"/> Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Blood Products
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<input type="checkbox"/> Transfuse platelets	Routine Transfusion duration per unit (hrs): Pre-op
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 Fresh Frozen Plasma

<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Blood Products
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<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
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 Cryoprecipitate

<input type="checkbox"/> Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Blood Products
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<input type="checkbox"/> Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op
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IV Fluid for Blood Transfusion

<input type="checkbox"/> sodium chloride 0.9 % infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
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Medications

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	oral, once, For 1 Doses, Pre-op
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<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, once, For 1 Doses, Pre-op
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<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses, Pre-op
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<input type="checkbox"/> hydrocortisone sodium succinate (PF) (Solu-CORTEF) injection	intravenous, once, For 1 Doses, Pre-op
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<input type="checkbox"/> furosemide (LASIX) injection	intravenous, once, For 1 Doses, Pre-op
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<input type="checkbox"/> furosemide (LASIX) tablet	oral, once, For 1 Doses, Pre-op
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