

## Pre Anesthesia Testing

## 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+365, Pre-Admission Testing
<input type="checkbox"/> Pv carotid duplex	Status: Future, Expires: S+365, Routine, Clinic Performed
<input type="checkbox"/> Us vein mapping lower extremity	Status: Future, Expires: S+365, Routine, Clinic Performed

## [ ] Respiratory

<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Diffusion capacity	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Spirometry	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?

## [ ] Laboratory: Preoperative Testing Labs - All Facilities

<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Comprehensive metabolic panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Partial thromboplastin time	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hepatic function panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Platelet function analysis	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hemoglobin A1c	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Type and screen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> hCG qualitative, serum screen	Routine, Status: Future, Expires: S+365, 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+365, 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+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/> CBC hemogram	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> HIV 1, 2 antibody	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Syphilis total antibody	Routine, Status: Future, Expires: S+365, Clinic Collect
<input type="checkbox"/> Hepatitis acute panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Thromboelastograph	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+365, 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+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Rapid HIV 1 & 2	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis total antibody	Routine, Status: Future, Expires: S+365, Clinic Collect
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+365, 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+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	HIV Ag/Ab combination	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis total antibody	Routine, Status: Future, Expires: S+365, Clinic Collect
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Laboratory: Additional for Bariatric patients	
<input type="checkbox"/>	Lipid panel	Routine, Status: Future, Expires: S+365, Clinic Collect Has the patient been fasting for 8 hours or more? Pre-Admission Testing
<input type="checkbox"/>	hCG qualitative, serum screen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Total iron binding capacity	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4, free	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hemoglobin A1c	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Parathyroid hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	CBC with platelet and differential	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prothrombin time with INR	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Partial thromboplastin time, activated	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin A level, plasma or serum	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin B12 level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Copper level, serum	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Folate level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin B1 level, whole blood	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Zinc level, serum	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

## Case Requests

### Cardiac Catheterization Case Requests (Single Response)

<input type="checkbox"/> Case request Cath Lab	Scheduling/ADT, Scheduling/ADT
--	--------------------------------

## Nursing

### Informed Consent

<input checked="" type="checkbox"/> Complete Consent For Disclosure and consent for anesthesia, sedation and pain management.	Routine, Once Consent For: Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
---	--

<input type="checkbox"/> Complete Consent For Selective coronary arteriogram	Routine, Once Consent For: Selective coronary arteriogram Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Left heart catheterization	Routine, Once Consent For: Left heart catheterization Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Percutaneous coronary intervention	Routine, Once Consent For: Percutaneous coronary intervention Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram	Routine, Once Consent For: Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Abdominal angiogram	Routine, Once Consent For: Abdominal angiogram Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete Consent For Abdominal angiogram and bilateral femoral angiogram	Routine, Once Consent For: Abdominal angiogram and bilateral femoral angiogram Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op

<input type="checkbox"/> Complete consent for right heart catheterization	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete consent for intra-aortic balloon pump	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete consent for ventricular assist device	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete consent for carotid angiogram	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete consent for subclavian angiogram	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete consent for coronary atherectomy	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
<input type="checkbox"/> Complete consent for pulmonary angiogram	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op

---

<input type="checkbox"/> Complete Consent For	Routine, Once Consent For: Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Place on chart., Pre-op
---	--

**Intervention Consent**

---

<input type="checkbox"/> Complete consent for peripheral vascular intervention	Routine, Once Procedure: Peripheral vascular intervention Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
--	--

---

<input type="checkbox"/> Complete consent for percutaneous pulmonary artery intervention	Routine, Once Procedure: Percutaneous pulmonary artery intervention Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
--	--

---

<input type="checkbox"/> Complete consent for carotid intervention	Routine, Once Procedure: Carotid intervention Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
--	--

---

<input type="checkbox"/> Complete consent for interatrial septal puncture	Routine, Once Procedure: Interatrial septal puncture Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
---	---

---

<input type="checkbox"/> Complete consent for balloon aortic valvuloplasty	Routine, Once Procedure: Balloon aortic valvuloplasty Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
--	--

<input type="checkbox"/> Complete consent for balloon mitral valvuloplasty	Routine, Once Procedure: Balloon mitral valvuloplasty Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
<input type="checkbox"/> Complete consent for atrial septal defect closure	Routine, Once Procedure: Atrial septal defect closure Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
<input type="checkbox"/> Complete consent for pulmonic valve replacement	Routine, Once Procedure: Pulmonic valve replacement Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op

**Diet (Single Response)**

<input type="checkbox"/> NPO - except meds	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options: No solids or non clear liquids up to six hours prior to procedure. No clear liquids., Pre-op
<input type="checkbox"/> NPO	Diet effective ____ NPO: Pre-Operative fasting options: After breakfast. No solids or non clear liquids up to six hours prior to procedure. No clear liquids., Pre-op
<input type="checkbox"/> Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior to procedure, Pre-op
<input type="checkbox"/> Diet - Clear liquids up to two hours prior to the procedure	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Clear liquids up to two hours prior to the procedure, Pre-op
<input type="checkbox"/> Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to two hours prior	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Solids or non clear liquids up to six hours prior to procedure. No clear liquids up to two hours prior to procedure., Pre-op

## IV Fluids

### IV Fluids

Pre-Cath: Normal Saline 250 mL over 1 hour Unless NYHC III or IV or documented ejection fraction of 35% or less. If patient is NYHC III or IV or EF is LESS than or EQUAL to 35% verify hydration orders prior to administering IV fluid.

\*\*If NYHC or EF are not documented, physicians will be contacted to verify patient status\*\*

<input type="checkbox"/> sodium chloride 0.45 % infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion @ 100 mL/hr	100 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion @ 100 mL/hr	100 mL/hr, intravenous, continuous, Pre-op

## Medications

### Medications

<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Pre-op
--	----------------------------

### Antihyperlipidemic Agents (Single Response)

#### ( ) Moderate Intensity (Single Response)

( ) atorvastatin (LIPITOR) tablet - Moderate Intensity	10 mg, oral, nightly, Pre-Procedure
( ) simvastatin (ZOCOR) tablet - Moderate Intensity	20 mg, oral, nightly, Pre-Procedure

#### ( ) High Intensity - atorvastatin (LIPITOR) tablet (Single Response)

( ) atorvastatin (LIPITOR) tablet - Moderate Intensity	40 mg, oral, nightly, Pre-Procedure
--	-------------------------------------

### Medications IV

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses, Pre-op On call to catheterization laboratory.
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, once, For 1 Doses, Pre-op On call to catheterization laboratory.
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	100 mg, intravenous, Pre-op On call to catheterization laboratory.

## Labs

### Labs

<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> CBC with platelet and differential	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"/> hCG, serum, qualitative	Once, Pre-op

## Cardiology

### ECG

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

## Imaging

## Other Studies



Respiratory

Rehab

Consults

Additional Orders