

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'

| | |
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| [] Other Diagnostic Studies | |
| [] ECG Pre/Post Op | Routine, Ancillary Performed, Status: Future, Expires: S+365, Pre-Admission Testing |
| [] Pv carotid duplex | Status: Future, Expires: S+365, Routine, Clinic Performed |
| [] Us vein mapping lower extremity | Status: Future, Expires: S+365, Routine, Clinic Performed |
| [] Respiratory | |
| [] Spirometry pre & post w/ bronchodilator | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |
| [] Body Plethysmographic lung volumes | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |
| [] Diffusion capacity | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |
| [] Spirometry | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |
| [] Laboratory: Preoperative Testing Labs - All Facilities | |
| [] COVID-19 qualitative PCR - Nasopharyngeal Swab | Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Nasopharyngeal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-Admission Testing |
| [] CBC with platelet and differential | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Comprehensive metabolic panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Basic metabolic panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Prothrombin time with INR | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Partial thromboplastin time | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Hepatic function panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Platelet function analysis | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Hemoglobin A1c | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Type and screen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] hCG qualitative, serum screen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] POC pregnancy, urine | Routine, Point Of Care, Pre-Admission Testing |
| [] Urinalysis, automated with microscopy | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Laboratory: Additional Labs - HMWB, HMSJ, HMSTJ, HMTW | |
| [] Urinalysis screen and microscopy, with reflex to culture | Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing |
| [] CBC hemogram | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] HIV 1, 2 antibody | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Syphilis total antibody | Routine, Status: Future, Expires: S+365, Clinic Collect |

| | |
|--|---|
| [] Hepatitis acute panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Thromboelastograph | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Vitamin D 25 hydroxy level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] MRSA screen culture | Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing |
| [] T3 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] T4 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Thyroid stimulating hormone | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Prostate specific antigen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Laboratory: Additional Labs - HMSL, HMW | |
| [] Urinalysis screen and microscopy, with reflex to culture | Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing |
| [] CBC hemogram | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Rapid HIV 1 & 2 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Syphilis total antibody | Routine, Status: Future, Expires: S+365, Clinic Collect |
| [] Hepatitis acute panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Thromboelastograph | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Vitamin D 25 hydroxy level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] MRSA screen culture | Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing |
| [] T3 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] T4 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Thyroid stimulating hormone | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Prostate specific antigen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Laboratory: Additional Labs - HMH | |
| [] Urinalysis screen and microscopy, with reflex to culture | Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing |
| [] CBC hemogram | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] HIV Ag/Ab combination | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Syphilis total antibody | Routine, Status: Future, Expires: S+365, Clinic Collect |
| [] Hepatitis acute panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] Thromboelastograph | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| [] 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 |
| [] 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 Request

| | |
|--|--------------------------------|
| <input type="checkbox"/> 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

| | |
|--|---|
| <input checked="" type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol) | Routine, Per unit protocol, Pre-op |
| <input type="checkbox"/> Pulse oximetry | Routine, Daily Current FIO2 or Room Air: Pre-op |

Activity/Positioning

| | |
|---|---|
| <input checked="" type="checkbox"/> Activity as tolerated | Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op |
| <input type="checkbox"/> Ambulate with assistance | Routine, 3 times daily Specify: with assistance Pre-op |

Nursing Care

| | |
|---|--|
| <input checked="" type="checkbox"/> Height and weight | Routine, Once For 1 Occurrences, Pre-op |
| <input type="checkbox"/> Straight cath | Routine, Once For 1 Occurrences, Pre-op |
| <input type="checkbox"/> Insert and Maintain Foley | |
| <input type="checkbox"/> Insert Foley catheter | Routine, Once Type: Size: Urinometer needed: Pre-op |
| <input type="checkbox"/> Foley Catheter Care | Routine, Until discontinued, Starting S Orders: Maintain Pre-op |
| <input type="checkbox"/> Nasogastric Tube Insert and Maintain | |
| <input type="checkbox"/> Nasogastric tube insertion | Routine, Once Type: Pre-op |
| <input type="checkbox"/> Nasogastric tube maintenance | Routine, Until discontinued, Starting S Tube Care Orders: Pre-op |
| <input type="checkbox"/> Apply warming blanket | Routine, Once, Pre-op |
| <input type="checkbox"/> Bedside glucose | Routine, Once For 1 Occurrences Notify MD for blood glucose less than 70 and greater than 180, Pre-op |
| <input type="checkbox"/> Limb precautions | Location: Precaution: Pre-op |
| <input type="checkbox"/> Do not apply Mepilex | Routine, Until discontinued, Starting S, Pre-op |
| <input checked="" type="checkbox"/> Confirm NPO Status | Routine, Until discontinued, Starting S, Pre-op |

| | |
|---|---|
| <input checked="" type="checkbox"/> Complete Consent For | 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? Pre-op |
| [] Patient education- Scopolamine patch side effect teaching | Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolamine patch side effect teaching Pre-op |

Notify Physician

| | |
|---|---|
| <input checked="" type="checkbox"/> Notify Physician if current oral intake status could potentially delay procedure start time | Routine, Until discontinued, Starting S, if current oral intake status could potentially delay procedure start time, Pre-op |
|---|---|

Diet

| | |
|-------------------------------------|--|
| [] NPO | Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op |
| [] NPO-After Midnight | Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op |
| [] NPO- Except sips with meds | Diet effective now, Starting S NPO: Except Sips with meds Pre-Operative fasting options: Pre-op |
| [] Oral supplements - Ensure Clear | Routine Can/Bottle Supplements: Ensure Clear Number of Cans/Bottles each administration: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Pre-op |

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 |

IV Bolus (Single Response)

| | |
|---|--|
| () sodium chloride 0.9 % bolus 500 mL | 500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op |
| () sodium chloride 0.9 % bolus 1000 mL | 1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op |
| () lactated ringer's bolus 500 mL | 500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op |
| () lactated ringers bolus 1000 mL | 1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op |

Maintenance IV Fluids (Single Response)

| | |
|---|---|
| () sodium chloride 0.9 % infusion | 30 mL/hr, intravenous, continuous, Pre-op |
| () lactated Ringer's infusion | 30 mL/hr, intravenous, continuous, Pre-op |
| () dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 30 mL/hr, intravenous, continuous, Pre-op |
| () sodium chloride 0.45 % infusion | 30 mL/hr, intravenous, continuous, Pre-op |
| () sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion | 30 mL/hr, intravenous, continuous, Pre-op |

Medications

Beta-Blockers

| | |
|--------------------------------------|--|
| [] metoprolol (LOPRESSOR) injection | 5 mg, intravenous, once, For 1 Doses, Pre-op HOLD parameters for this order: Contact Physician if: |
|--------------------------------------|--|

IV Antibiotics: For Patients GREATER than 120 kg

| | |
|--------------------------------------|---|
| [] ampicillin IV | 1.5 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] ampicillin-sulbactam (UNASYN) IV | 3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] cefazolin (ANCEF) IV | 3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] cefepime (MAXIPIME) IV | 1 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] ciprofloxacin (CIPRO) IV | 400 mg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] clindamycin (CLEOCIN) IV | 600 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Use if patient penicillin allergic. On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] metronidazole (FLAGYL) IV | 500 mg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |

IV Antibiotics: For Patients LESS than or EQUAL to 120 kg

| | |
|--------------------------------------|---|
| [] ampicillin IV | 1.5 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] ampicillin-sulbactam (UNASYN) IV | 3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] cefazolin (ANCEF) IV | 2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] cefepime (MAXIPIME) IV | 1 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] ciprofloxacin (CIPRO) IV | 400 mg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] clindamycin (CLEOCIN) IV | 600 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Use if patient penicillin allergic. On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] metronidazole (FLAGYL) IV | 500 mg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |

On-Q Pump (Single Response)

| | |
|--|---|
| () ropivacaine 0.2% (PF) (NAROPIN) solution for On-Q Pump | 270 mL, infiltration, continuous, Pre-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional): |
| () ropivacaine 0.5% (PF) (NAROPIN) solution for On-Q Pump | 270 mL, infiltration, continuous, Pre-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional): |

VTE

Labs

Labs

| | |
|--|--|
| [] CBC and differential | Once, Pre-op |
| [] Basic metabolic panel | Once, Pre-op |
| [] Comprehensive metabolic panel | Once, Pre-op |
| [] Partial thromboplastin time | Once, Pre-op |
| [] Prothrombin time with INR | Once, Pre-op |
| [] Amylase | Once, Pre-op |
| [] Calcium | Once, Pre-op |
| [] Magnesium | Once, Pre-op |
| [] Phosphorus | Once, Pre-op |
| [] Type and screen | Once, Pre-op |
| [] Pregnancy, urine | Once, Pre-op |
| [] Urinalysis screen and microscopy, with reflex to culture | Once Specimen Source: Urine Specimen Site: Pre-op |

Labs

| | |
|--|--|
| [] CBC and differential | Once, Pre-op |
| [] Basic metabolic panel | Once, Pre-op |
| [] Comprehensive metabolic panel | Once, Pre-op |
| [] Partial thromboplastin time | Once, Pre-op |
| [] Prothrombin time with INR | Once, Pre-op |
| [] Amylase | Once, Pre-op |
| [] Calcium | Once, Pre-op |
| [] Magnesium | Once, Pre-op |
| [] Phosphorus | Once, Pre-op |
| [] Type and screen | Once, Pre-op |
| [] Pregnancy, urine | Once, Pre-op |
| [] Urinalysis screen and microscopy, with reflex to culture | Once Specimen Source: Urine Specimen Site: Pre-op |
| [] Thromboelastograph | Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op |

Cardiology

Cardiology

| | |
|---|---|
| [] ECG 12 lead | Routine, Once Clinical Indications: Interpreting Physician: Pre-op |
| [] CV pacemaker defib or ilr interrogation | Routine, Once, Pre-op |

Imaging

X-Ray

| | |
|------------------------------|--|
| [] Chest 1 Vw Portable | Routine, 1 time imaging For 1 , Pre-op |
| [] XR Abdomen 1 Vw Portable | Routine, 1 time imaging For 1 , Pre-op |

Other Studies

Neurophysiology

[] Intraoperative monitoring

Routine, Once
Procedure:
O.R. Location:
Modality:
Pre-op

Respiratory

Respiratory

[] Oxygen therapy nasal cannula 2 Lpm

Routine, Continuous
Device: Nasal Cannula
Rate in liters per minute: 2 Lpm
Rate in tenths of a liter per minute:
O2 %:
Titrate to keep O2 Sat Above: 90%
Indications for O2 therapy:
Device 2:
Device 3:
Indications for O2 therapy:
Pre-op

Rehab

Consults

Ancillary Consults

[] Consult to Case Management

Consult Reason:
Pre-op

[] Consult to Social Work

Reason for Consult:
Pre-op

[] Consult PT eval and treat

Reasons for referral to Physical Therapy (mark all applicable):
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status:
Pre-op

[] Consult PT wound care

Special Instructions:
Location of Wound?
Pre-op

[] Consult OT eval and treat

Reason for referral to Occupational Therapy (mark all that apply):
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status:
Pre-op

[] Consult to Nutrition Services

Reason For Consult?
Purpose/Topic:
Pre-op

[] Consult to Spiritual Care

Reason for consult?
Pre-op

[] Consult to Speech Language Pathology

Routine, Once
Reason for consult:
Pre-op

[] Consult to Wound Ostomy Care nurse

Reason for consult:
Reason for consult:
Reason for consult:
Reason for consult:
Consult for NPWT:
Reason for consult:
Pre-op

[] Consult to Respiratory Therapy

Reason for Consult?
Pre-op

Additional Orders