

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+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"/> 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 |
| <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

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|---|--|
| <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 - HMH	
<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"/> 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

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
<input type="checkbox"/> 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
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Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO-After Midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO- Except sips with meds	Diet effective now, Starting S NPO: Except Sips with meds Pre-Operative fasting options: Pre-op
<input type="checkbox"/> 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
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, Pre-op

IV Bolus (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	30 mL/hr, intravenous, continuous, Pre-op

Medications

Beta-Blockers

<input type="checkbox"/> metoprolol (LOPRESSOR) injection	5 mg, intravenous, once, For 1 Doses, Pre-op HOLD parameters for this order: Contact Physician if:
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IV Antibiotics: For Patients GREATER than 120 kg

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> vancomycin (VANCOGIN) 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 (VANCOGIN) 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

<input type="checkbox"/>	CBC and differential	Once, Pre-op
<input type="checkbox"/>	Basic metabolic panel	Once, Pre-op
<input type="checkbox"/>	Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/>	Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/>	Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/>	Amylase	Once, Pre-op
<input type="checkbox"/>	Calcium	Once, Pre-op
<input type="checkbox"/>	Magnesium	Once, Pre-op
<input type="checkbox"/>	Phosphorus	Once, Pre-op
<input type="checkbox"/>	Type and screen	Once, Pre-op
<input type="checkbox"/>	Pregnancy, urine	Once, Pre-op
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op

Labs

<input type="checkbox"/>	CBC and differential	Once, Pre-op
<input type="checkbox"/>	Basic metabolic panel	Once, Pre-op
<input type="checkbox"/>	Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/>	Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/>	Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/>	Amylase	Once, Pre-op
<input type="checkbox"/>	Calcium	Once, Pre-op
<input type="checkbox"/>	Magnesium	Once, Pre-op
<input type="checkbox"/>	Phosphorus	Once, Pre-op
<input type="checkbox"/>	Type and screen	Once, Pre-op
<input type="checkbox"/>	Pregnancy, urine	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"/>	Thromboelastograph	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Pre-op

Cardiology

Cardiology

<input type="checkbox"/>	ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
<input type="checkbox"/>	CV pacemaker defib or ilr interrogation	Routine, Once, Pre-op

Imaging

X-Ray

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

Other Studies

Neurophysiology

<input type="checkbox"/> Intraoperative monitoring	Routine, Once Procedure: O.R. Location: Modality: Pre-op
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Respiratory

Respiratory

<input type="checkbox"/> 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
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Rehab

Consults

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason: Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op
<input type="checkbox"/> 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
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Pre-op
<input type="checkbox"/> 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
<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 Speech Language Pathology	Routine, Once Reason for consult: Pre-op
<input type="checkbox"/> 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
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Pre-op

