

## 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

<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 Request (Single Response)

( ) CREATION, AV FISTULA	Procedure: CREATION, AV FISTULA, Scheduling/ADT, Scheduling/ADT
( ) CREATION, AV FISTULA, UPPER EXTREMITY, DISTAL	Procedure: CREATION, AV FISTULA, UPPER EXTREMITY, DISTAL, Scheduling/ADT, Scheduling/ADT
( ) CREATION, AV FISTULA, USING GRAFT	Procedure: CREATION, AV FISTULA, USING GRAFT, Scheduling/ADT, Scheduling/ADT
( ) ARTERIOGRAM WITH ANGIOPLASTY, IF INDICATED	Procedure: ARTERIOGRAM WITH ANGIOPLASTY, IF INDICATED, Scheduling/ADT, Scheduling/ADT
( ) FISTULOGRAPHY, DIALYSIS SHUNT, AND DECLOTTING	Procedure: FISTULOGRAPHY, DIALYSIS SHUNT, AND DECLOTTING, Scheduling/ADT, Scheduling/ADT
( ) ENDARTERECTOMY, CAROTID	Procedure: ENDARTERECTOMY, CAROTID, Scheduling/ADT, Scheduling/ADT

<input type="checkbox"/> ENDARTERECTOMY, FEMORAL	Procedure: ENDARTERECTOMY, FEMORAL, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> REVISION, ARTERIOVENOUS GRAFT, WITH ANGIOGRAPHY	Procedure: REVISION, ARTERIOVENOUS GRAFT, WITH ANGIOGRAPHY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> VENOGRAM, EXTREMITY	Procedure: VENOGRAM, EXTREMITY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> LOWER EXTREMITY ANGIOGRAM, POSSIBLE ANGIOPLASTY, POSSIBLE STENT	Procedure: LOWER EXTREMITY ANGIOGRAM, POSSIBLE ANGIOPLASTY, POSSIBLE STENT, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> INSERTION, CATHETER, CENTRAL VENOUS, TUNNELED, FOR HEMODIALYSIS	Procedure: INSERTION, CATHETER, CENTRAL VENOUS, TUNNELED, FOR HEMODIALYSIS, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> INSERTION, CATHETER, DIALYSIS, PERITONEAL, LAPAROSCOPIC	Procedure: INSERTION, CATHETER, DIALYSIS, PERITONEAL, LAPAROSCOPIC, Scheduling/ADT, Scheduling/ADT
<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.

<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 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"/> Height and weight	Routine, Once For 1 Occurrences, Pre-op

### Nursing Communication

<input type="checkbox"/> If unable to draw blood peripherally, may use dialysis catheter.	
<input type="checkbox"/> If unable to draw blood peripherally, may use dialysis catheter.	Routine, Until discontinued, Starting S If dialysis catheter is used for IV access, flush used port with Heparin per protocol., Pre-op
<input type="checkbox"/> HEParin (porcine) injection	2,000 Units, intravenous, once, For 1 Doses, Pre-op Pack Port 1
<input type="checkbox"/> HEParin (porcine) injection	2,000 Units, intravenous, once, For 1 Doses, Pre-op Pack Port 2
<input type="checkbox"/> No SCD's intraop	Routine, Until discontinued, Starting S, Pre-op

### Diet and Fluids

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Pre-op

## IV Fluids

## Medications

### PreOp Antibiotics: For Patients GREATER than 120 kg (Single Response)

(X) ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
( ) If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
( ) If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than 120 kg	<b>"And" Linked Panel</b>
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis

### PreOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

(X) ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
( ) If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
( ) If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients LESS than or EQUAL to 120 kg	<b>"And" Linked Panel</b>
<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis

#### IV - Hydration Protocol

##### ☐ Pre-Procedure (Single Response)

###### ☐ Inpatient (Single Response)

- |   |   |
|---|---|
| <input type="checkbox"/> Patients with EF LESS than 40% or with evidence of fluid overload  | 125 mL/hr, intravenous, continuous<br>125 mL/hr x 2 hours = 250 mL              |
| <input type="checkbox"/> Patients with EF GREATER than 40% or no evidence of fluid overload | 1 mL/kg/hr, intravenous, continuous<br>Start 12 hours pre-procedure (overnight) |

###### ☐ Outpatient (Single Response)

- |   |  |
|---|--|
| <input type="checkbox"/> Patients with EF LESS than 40% or with evidence of fluid overload  | 125 mL/hr, intravenous, continuous<br>125 mL/hr x 2 hours = 250 mL               |
| <input type="checkbox"/> Patients with EF GREATER than 40% or no evidence of fluid overload | 250 mL/hr, intravenous, continuous<br>250 mL/hr NS for 2 hours = total 500 mL NS |

##### ☐ Intra-Procedure (Single Response)

- |   |   |
|---|---|
| <input type="checkbox"/> Patients with EF LESS than 40% or with evidence of fluid overload  | 1 mL/kg/hr, intravenous, continuous, Intra-op<br>Infuse for duration of procedure   |
| <input type="checkbox"/> Patients with EF GREATER than 40% or no evidence of fluid overload | 1.5 mL/kg/hr, intravenous, continuous, Intra-op<br>Infuse for duration of procedure |

#### Contrast Allergy (Single Response)

- |  |  |
|--|--|
| <input type="checkbox"/> methylPREDNISolone (MEDROL) tablet                          | 32 mg, oral, daily, For 2 Doses, Pre-op<br>Administer 12 hours and 2 hours PRIOR to surgery. |
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection | 40 mg, intravenous, every 4 hours, Pre-op<br>Until surgery.                                  |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection                        | 50 mg, intravenous, once, For 1 Doses, Pre-op<br>Administer 1 hour PRIOR to surgery.         |

## VTE

## Labs

### Labs

- |   |  |
|---|--|
| <input type="checkbox"/> Type and screen  | Once, Pre-op   |
| <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"/> Nursing communication: i-STAT                            | Routine, Once For 1 Occurrences, Pre-op                                      |
| <input type="checkbox"/> hCG qualitative, urine screen                            | Once, Pre-op   |
| <input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture | Once For 1 Occurrences<br>Specimen Source: Urine<br>Specimen Site:<br>Pre-op |

## Blood Products

### Lab Draw

- |   |                               |
|---|-------------------------------|
| <input checked="" type="checkbox"/> Type and screen         |                               |
| <input checked="" type="checkbox"/> Type and screen         | Once, Pre-op                  |
| <input checked="" type="checkbox"/> ABO and Rh confirmation | Once, Blood Bank Confirmation |

### Blood Products

#### ☐ Red Blood Cells

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

<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Platelets		
<input type="checkbox"/>	Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse platelet pheresis	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Fresh Frozen Plasma		
<input type="checkbox"/>	Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Cryoprecipitate		
<input type="checkbox"/>	Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/>	Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/>	sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood

## Cardiology

### Testing

<input type="checkbox"/>	XR Chest 1 Vw Portable	Routine, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	XR Chest 2 Vw	Routine, 1 time imaging For 1 Occurrences, Pre-op
<input type="checkbox"/>	ECG 12 lead	Routine, Once, Starting S at 6:00 AM For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders