

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 |
| <input type="checkbox"/> Us duplex venous 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 RT-PCR - Nasal Swab | Routine, Status: Future, Expires: S+365, Clinic Collect
Specimen Source: Nasal 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 | |
| <input type="checkbox"/> Type and screen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> ABO and Rh confirmation | Once, Blood Bank Confirmation |
| <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, HMCL, 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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Routine, Status: Future, Expires: S+365, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<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 PCR	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares, 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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): 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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Routine, Status: Future, Expires: S+365, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<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 PCR	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares, 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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing

Laboratory: Additional Labs - HMH, HMSJ

<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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Routine, Status: Future, Expires: S+365, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<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 PCR	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares, 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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): 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- Ortho Same Day Pre-Op (Single Response)

<input type="checkbox"/> Hand & Wrist (Single Response)		
<input type="checkbox"/>	CARPAL TUNNEL RELEASE, ENDOSCOPIC	Panel 1 CARPAL TUNNEL RELEASE, ENDOSCOPIC, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	RELEASE, CARPAL TUNNEL	Panel 1 RELEASE, CARPAL TUNNEL, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	RELEASE, TRIGGER FINGER	Panel 1 RELEASE, TRIGGER FINGER, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	ORIF, FRACTURE, RADIUS, DISTAL	Panel 1 ORIF, FRACTURE, RADIUS, DISTAL, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	INCISION AND DRAINAGE, ABSCESS, HAND	Panel 1 INCISION AND DRAINAGE, ABSCESS, HAND, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	EXCISION, GANGLION, WRIST	Panel 1 EXCISION, GANGLION, WRIST, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	ORIF, FINGER	Panel 1 ORIF, FINGER, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	EXCISION, CYST, BONE, FINGER	Panel 1 EXCISION, CYST, BONE, FINGER, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	EXCISION, MUCOUS OR BONE CYST, HAND	Panel 1 EXCISION, MUCOUS OR BONE CYST, HAND, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	AMPUTATION, DIGIT, HAND	Panel 1 AMPUTATION, DIGIT, HAND, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	REPAIR, TENDON, HAND, EXTENSOR	Panel 1 REPAIR, TENDON, HAND, EXTENSOR, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	Case request operating room	Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Arm/Elbow (Single Response)		
<input type="checkbox"/>	ORIF, FRACTURE, RADIUS OR ULNA	Panel 1 ORIF, FRACTURE, RADIUS OR ULNA, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	DECOMPRESSION, ULNAR NERVE	Panel 1 DECOMPRESSION, ULNAR NERVE, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	DEBRIDEMENT, UPPER EXTREMITY	Panel 1 DEBRIDEMENT, UPPER EXTREMITY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	REPAIR, TENDON, BICEPS	Panel 1 REPAIR, TENDON, BICEPS, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	ORIF, FRACTURE, HUMERUS	Panel 1 ORIF, FRACTURE, HUMERUS, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	ORIF, FRACTURE, ELBOW	Panel 1 ORIF, FRACTURE, ELBOW, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	RECONSTRUCTION, UCL, ELBOW, USING TENDON ALLOGRAFT	Panel 1 RECONSTRUCTION, UCL, ELBOW, USING TENDON ALLOGRAFT, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	INCISION AND DRAINAGE, ELBOW	Panel 1 INCISION AND DRAINAGE, ELBOW, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	ARTHROSCOPY, ELBOW	Panel 1 ARTHROSCOPY, ELBOW, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	DEBRIDEMENT, SURGICAL, HUMERUS, LATERAL EPICONDYLE, FOR TENNIS ELBOW	Panel 1 DEBRIDEMENT, SURGICAL, HUMERUS, LATERAL EPICONDYLE, FOR TENNIS ELBOW, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	Case request operating room	Scheduling/ADT, Scheduling/ADT

() Shoulder (Single Response)

() ARTHROSCOPY, SHOULDER	Panel 1 ARTHROSCOPY, SHOULDER, Scheduling/ADT, Scheduling/ADT
() REPAIR, ROTATOR CUFF, ARTHROSCOPIC	Panel 1 REPAIR, ROTATOR CUFF, ARTHROSCOPIC, Scheduling/ADT, Scheduling/ADT
() ARTHROSCOPY, SHOULDER WITH REPAIR, ROTATOR CUFF, OPEN	Panel 1 ARTHROSCOPY, SHOULDER WITH REPAIR, ROTATOR CUFF, OPEN, Scheduling/ADT, Scheduling/ADT
() SHOULDER REPLACEMENT, TOTAL, REVERSE	Panel 1 SHOULDER REPLACEMENT, TOTAL, REVERSE, Scheduling/ADT, Scheduling/ADT
() ARTHROPLASTY, SHOULDER, TOTAL	Panel 1 ARTHROPLASTY, SHOULDER, TOTAL, Scheduling/ADT, Scheduling/ADT
() ORIF, FRACTURE, CLAVICLE	Panel 1 ORIF, FRACTURE, CLAVICLE, Scheduling/ADT, Scheduling/ADT
() ORIF, HUMERUS, PROXIMAL	Panel 1 ORIF, HUMERUS, PROXIMAL, Scheduling/ADT, Scheduling/ADT
() MANIPULATION, JOINT, SHOULDER	Panel 1 MANIPULATION, JOINT, SHOULDER, Scheduling/ADT, Scheduling/ADT
() ACROMIOPLASTY, SHOULDER, ARTHROSCOPIC	Panel 1 ACROMIOPLASTY, SHOULDER, ARTHROSCOPIC, Scheduling/ADT, Scheduling/ADT
() REPAIR, SHOULDER, ARTHROSCOPIC, SLAP LESION	Panel 1 REPAIR, SHOULDER, ARTHROSCOPIC, SLAP LESION, Scheduling/ADT, Scheduling/ADT
() Case request operating room	Scheduling/ADT, Scheduling/ADT

() Spine (Single Response)

() LAMINECTOMY, LUMBAR	Panel 1 LAMINECTOMY, LUMBAR, Scheduling/ADT, Scheduling/ADT
() DISCECTOMY, CERVICAL, WITH FUSION, ANTERIOR APPROACH	Panel 1 DISCECTOMY, CERVICAL, WITH FUSION, ANTERIOR APPROACH, Scheduling/ADT, Scheduling/ADT
() DISCECTOMY, LUMBAR	Panel 1 DISCECTOMY, LUMBAR, Scheduling/ADT, Scheduling/ADT
() FUSION, SPINE, LUMBAR, POSTERIOR APPROACH	Panel 1 FUSION, SPINE, LUMBAR, POSTERIOR APPROACH, Scheduling/ADT, Scheduling/ADT
() LAMINECTOMY, CERVICAL, POSTERIOR APPROACH	Panel 1 LAMINECTOMY, CERVICAL, POSTERIOR APPROACH, Scheduling/ADT, Scheduling/ADT
() FUSION, SPINE, LUMBAR, XLIF	Panel 1 FUSION, SPINE, LUMBAR, XLIF, Scheduling/ADT, Scheduling/ADT
() FUSION, SPINE, LUMBAR, WITH LAMINECTOMY, POSTERIOR APPROACH	Panel 1 FUSION, SPINE, LUMBAR, WITH LAMINECTOMY, POSTERIOR APPROACH, Scheduling/ADT, Scheduling/ADT
() LAMINOTOMY, LUMBAR	Panel 1 LAMINOTOMY, LUMBAR, Scheduling/ADT, Scheduling/ADT
() FUSION, SPINE, LUMBAR, INTERBODY, TRANSFORAMINAL APPROACH	Panel 1 FUSION, SPINE, LUMBAR, INTERBODY, TRANSFORAMINAL APPROACH, Scheduling/ADT, Scheduling/ADT
() FUSION, ANT AND POST SPINAL COLUMN, LUMBAR, ANTERIOR AND POSTERIOR APPROACHES, W LUMBAR LAMINECTOMY	Panel 1 FUSION, ANT AND POST SPINAL COLUMN, LUMBAR, ANTERIOR AND POSTERIOR APPROACHES, W LUMBAR LAMINECTOMY, Scheduling/ADT, Scheduling/ADT
() FUSION, ANTERIOR SPINAL COLUMN, LUMBAR, ANTERIOR APPROACH	Panel 1 FUSION, ANTERIOR SPINAL COLUMN, LUMBAR, ANTERIOR APPROACH, Scheduling/ADT, Scheduling/ADT
() LAMINECTOMY, LUMBAR, WITH FORAMINOTOMY OR FACETECTOMY, 1 LEVEL	Panel 1 LAMINECTOMY, LUMBAR, WITH FORAMINOTOMY OR FACETECTOMY, 1 LEVEL, Scheduling/ADT, Scheduling/ADT
() Case request operating room	Scheduling/ADT, Scheduling/ADT

() Hip (Single Response)

() ARTHROPLASTY, HIP, TOTAL	Panel 1 ARTHROPLASTY, HIP, TOTAL, Scheduling/ADT, Scheduling/ADT
() ARTHROPLASTY, HIP, TOTAL, ANTERIOR APPROACH	Panel 1 ARTHROPLASTY, HIP, TOTAL, ANTERIOR APPROACH, Scheduling/ADT, Scheduling/ADT
() ARTHROSCOPY, HIP	Panel 1 ARTHROSCOPY, HIP, Scheduling/ADT, Scheduling/ADT
() HEMIARTHROPLASTY, HIP	Panel 1 HEMIARTHROPLASTY, HIP, Scheduling/ADT, Scheduling/ADT

() INTRAMEDULLARY RODDING, FEMUR	Panel 1 INTRAMEDULLARY RODDING, FEMUR, Scheduling/ADT, Scheduling/ADT
() REVISION, ARTHROPLASTY, HIP	Panel 1 REVISION, ARTHROPLASTY, HIP, Scheduling/ADT, Scheduling/ADT
() ORIF, HIP	Panel 1 ORIF, HIP, Scheduling/ADT, Scheduling/ADT
() PINNING, HIP, PERCUTANEOUS	Panel 1 PINNING, HIP, PERCUTANEOUS, Scheduling/ADT, Scheduling/ADT
() INCISION AND DRAINAGE, HIP	Panel 1 INCISION AND DRAINAGE, HIP, Scheduling/ADT, Scheduling/ADT
() ORIF, FRACTURE, FEMUR	Panel 1 ORIF, FRACTURE, FEMUR, Scheduling/ADT, Scheduling/ADT
() Case request operating room	Scheduling/ADT, Scheduling/ADT
() Knee (Single Response)	
() ARTHROPLASTY, KNEE, TOTAL	Panel 1 ARTHROPLASTY, KNEE, TOTAL, Scheduling/ADT, Scheduling/ADT
() OPERATION, KNEE, ARTHROSCOPIC	Panel 1 OPERATION, KNEE, ARTHROSCOPIC, Scheduling/ADT, Scheduling/ADT
() MENISCECTOMY, KNEE, MEDIAL, ARTHROSCOPIC	Panel 1 MENISCECTOMY, KNEE, MEDIAL, ARTHROSCOPIC, Scheduling/ADT, Scheduling/ADT
() MENISCECTOMY, KNEE, ARTHROSCOPIC	Panel 1 MENISCECTOMY, KNEE, ARTHROSCOPIC, Scheduling/ADT, Scheduling/ADT
() REVISION, ARTHROPLASTY, KNEE	Panel 1 REVISION, ARTHROPLASTY, KNEE, Scheduling/ADT, Scheduling/ADT
() REPAIR, ACL, ARTHROSCOPIC, USING PATELLAR TENDON GRAFT	Panel 1 REPAIR, ACL, ARTHROSCOPIC, USING PATELLAR TENDON GRAFT, Scheduling/ADT, Scheduling/ADT
() AMPUTATION, BELOW KNEE	Panel 1 AMPUTATION, BELOW KNEE, Scheduling/ADT, Scheduling/ADT
() AMPUTATION, ABOVE KNEE	Panel 1 AMPUTATION, ABOVE KNEE, Scheduling/ADT, Scheduling/ADT
() RECONSTRUCTION, KNEE, ACL, ARTHROSCOPIC, WITH ALLOGRAFT	Panel 1 RECONSTRUCTION, KNEE, ACL, ARTHROSCOPIC, WITH ALLOGRAFT, Scheduling/ADT, Scheduling/ADT
() REMOVAL, ORTHOPEDIC HARDWARE	Panel 1 REMOVAL, ORTHOPEDIC HARDWARE, Scheduling/ADT, Scheduling/ADT
() INCISION AND DRAINAGE, KNEE	Panel 1 INCISION AND DRAINAGE, KNEE, Scheduling/ADT, Scheduling/ADT
() Case request operating room	Scheduling/ADT, Scheduling/ADT
() Foot & Ankle (Single Response)	
() AMPUTATION, TOE	Panel 1 AMPUTATION, TOE, Scheduling/ADT, Scheduling/ADT
() ORIF, FRACTURE, ANKLE	Panel 1 ORIF, FRACTURE, ANKLE, Scheduling/ADT, Scheduling/ADT
() INCISION AND DRAINAGE, FOOT	Panel 1 INCISION AND DRAINAGE, FOOT, Scheduling/ADT, Scheduling/ADT
() SURGICAL PROCEDURE, ANKLE, ARTHROSCOPIC	Panel 1 SURGICAL PROCEDURE, ANKLE, ARTHROSCOPIC, Scheduling/ADT, Scheduling/ADT
() ARTHROPLASTY, TOE, PIP JOINT, FOR HAMMERTOE	Panel 1 ARTHROPLASTY, TOE, PIP JOINT, FOR HAMMERTOE, Scheduling/ADT, Scheduling/ADT
() FUSION, JOINT, MTP	Panel 1 FUSION, JOINT, MTP, Scheduling/ADT, Scheduling/ADT
() AMPUTATION, FOOT, TRANSMETATARSAL	Panel 1 AMPUTATION, FOOT, TRANSMETATARSAL, Scheduling/ADT, Scheduling/ADT
() REMOVAL, HARDWARE, FOOT	Panel 1 REMOVAL, HARDWARE, FOOT, Scheduling/ADT, Scheduling/ADT
() OSTEOTOMY, METATARSAL	Panel 1 OSTEOTOMY, METATARSAL, Scheduling/ADT, Scheduling/ADT
() CHEILECTOMY	Panel 1 CHEILECTOMY, Scheduling/ADT, Scheduling/ADT
() 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	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

<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences One hour prior to surgery. If blood glucose is LESS than 120, notify Provider(s), Pre-op
<input checked="" type="checkbox"/> Give all oral medications with sips of water	Routine, Until discontinued, Starting S, Pre-op
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> Chlorhexidine sage cloths	Routine, Once Cleanse operative extremity., Pre-op
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous Place unused TED hose to chart., Pre-op
<input type="checkbox"/> Remove hair with clippers or depilatory at operative site	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> Patient to receive IO Vancomycin intra-op	Routine, Until discontinued, Starting S, Pre-op

Consent

<input type="checkbox"/> Complete consent for Hip Fracture ORIF vs Prosthetic Replacement	Routine, Once Procedure: Pre-op diagnosis: 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 Total Hip Arthroplasty	Routine, Once Procedure: Total Hip Arthroplasty Laterality: Pre-op diagnosis: 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 Total Knee Arthroplasty	Routine, Once Procedure: Total Knee Arthroplasty Laterality: Primary or Revision: Pre-op diagnosis: 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 Reverse Total Shoulder Replacement	Routine, Once Procedure: Reverse Total Shoulder Replacement Laterality: Primary or Revision: Pre-op diagnosis: 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 Total Shoulder Arthroplasty	Routine, Once Procedure: Total Shoulder Arthroplasty Laterality: Primary or Revision: Pre-op diagnosis: 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 Unicondylar Knee Arthroplasty	Routine, Once Procedure: Unicondylar Knee Arthroplasty Laterality: Primary or Revision: Pre-op diagnosis: 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	Routine, Once Procedure: Laterality: Primary or Revision: Pre-op diagnosis: 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

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

Surgical Medications

<input type="checkbox"/> Nasal Decolonization for MRSA -Select One Option: (Single Response) (Selection Required)	
<input type="checkbox"/> povidone-iodine (3M SKIN AND NASAL ANTISEPTIC) 0.5% NASAL swab	4 Swab, nasal, once, For 1 Doses Prior to Surgery: Insert swab into one nostril for 30 seconds. Using a new swab, repeat with the other nostril. Repeat the application in both nostrils using new swabs. Patient instructed not to blow nose, may dab any drainage with tissue.
<input type="checkbox"/> IODINE ALLERGY ONLY: mupirocin (BACTROBAN) 2 % ointment	1 application, nasal, once, For 1 Doses, Pre-op Prior to Surgery: Apply to each nare. Patient instructed not to blow nose, may wipe any drainage with tissue.
<input checked="" type="checkbox"/> Surgical Prep - chlorhexidine (HIBICLENS) 4% Surgical Scrub	
<input checked="" type="checkbox"/> Night Prior to and Morning of Surgery - For Patients Who Can Shower ONLY - chlorhexidine (HIBICLENS) 4 % liquid	Topical, 2 times daily, Pre-op Please supply and instruct patient. Chlorhexidine bath/shower the night prior to surgery and the morning of surgery.
<input type="checkbox"/> vancomycin (VANCOGIN) 500 mg in sodium chloride 0.9% 150 mL Intraosseous Infusion	500 mg, intraosseous, once, For 1 Doses, Pre-op To be given IntraOp. No antimicrobial prophylaxis is recommended for clean or clean-contaminated prosthetic joint arthroplasties. Reason for Therapy:
<input type="checkbox"/> tranexamic acid 10 mg/kg in sodium chloride 0.9% 250 mL	10 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op To be given IntraOp
<input type="checkbox"/> tranexamic acid injection	1,000 mg, Topical, once, For 1 Doses, Pre-op To be given IntraOp. Apply topically into the wound at the end of the procedure.

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 Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> FOR MRSA CONCERN OR SEVERE PENICILLIN ALLERGY - vancomycin (VANCOGIN) 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 Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> FOR MRSA CONCERN OR SEVERE PENICILLIN ALLERGY - vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Within 2 hours prior to incision; On Call to OR 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

PreOperative GI Medications

<input 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
<input type="checkbox"/> mupirocin (BACTROBAN) 2 % ointment	Topical, 2 times daily PRN, to prevent MRSA, Pre-op

Labs

COVID-19 Qualitative PCR

<input type="checkbox"/> COVID-19 qualitative RT-PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-op
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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"/> Hemoglobin A1c	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

hCG qualitative, urine screen

STAT For 1 Occurrences, Pre-op

Cardiology

Imaging

X-Ray

XR Chest 1 Vw

STAT, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op

Other Studies

Other Diagnostic Studies

ECG Pre/Post Op

Routine, Once
Clinical Indications:
Interpreting Physician:
Pre-op

Intraoperative monitoring

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

Respiratory

Rehab

Consults

Additional Orders

Blood Products

Lab Draw

Type and screen

Type and screen

Once, Pre-op

ABO and Rh confirmation

Once, Blood Bank Confirmation

Blood Products

Red Blood Cells

Prepare RBC

Routine
Transfusion Indications:
Transfusion date:
Blood Products

Transfuse RBC

Routine
Transfusion duration per unit (hrs):
Pre-op

sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, continuous, Pre-op
Administer with blood

Platelets

Prepare platelet pheresis

Routine
Transfusion Indications:
Transfusion date:
Blood Products

Transfuse platelet pheresis

Routine
Transfusion duration per unit (hrs):
Pre-op

sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, continuous, Pre-op
Administer with blood

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