

## Hip/Lower Extremity Fracture Pre-Op Only Appears If: **SB IP AND NON-ED PATIENTS**

Default Phase of Care: Pre-op

### 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 (Selection Required)

##### ☒ ECG Pre/Post Op

Routine, Ancillary Performed, Status: Future, Expires: 1 Year, Pre-Admission Testing

##### ☐ Pv carotid duplex

Status: Future, Expires: 1 Year, Routine, Clinic Performed, Pre-Admission Testing

##### ☐ Us vein mapping lower extremity

Status: Future, Expires: 1 Year, Routine, Clinic Performed, Pre-Admission Testing

##### ☐ Methicillin-resistant staphylococcus aureus (MRSA), NAA

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Nares, Pre-Admission Testing

#### ☐ Respiratory (Selection Required)

##### ☐ Spirometry pre & post w/ bronchodilator, diffusion, lung volumes

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry, diffusion, lung volumes

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry pre & post w/ bronchodilator

Routine, Status: Future, Expires: 1 Year, Pre-Admission Testing

##### ☐ Body Plethysmographic lung volumes

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

#### ☐ OP Diffusion Capacity Combination Panel (Selection Required)

##### ☐ Spirometry, diffusion

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry, diffusion, lung volumes

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry, diffusion, MIPS/MEPS

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry, diffusion, lung volumes, MIPS/MEPS

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry pre & post w/ bronchodilator, diffusion

Routine, Status: Future, Expires: 1 Year, Pre-Admission Testing

##### ☐ Spirometry pre & post w/ bronchodilator, diffusion, lung volumes

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

##### ☐ Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS

Routine, Status: Future, Expires: 1 Year, Scheduling/ADT

#### ☐ Laboratory: Preoperative Testing Labs (Selection Required)

##### ☐ COVID-19 qualitative RT-PCR - Nasal Swab

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Specimen Source: Nasal Swab, Is this for pre-procedure or non-PUI assessment?  
Yes, Pre-Admission Testing

##### ☐ CBC with platelet and differential

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Comprehensive metabolic panel](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Basic metabolic panel](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Prothrombin time with INR](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Partial thromboplastin time](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Hepatic function panel](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Platelet function analysis](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Hemoglobin A1c](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Type and screen](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] hCG qualitative, serum screen](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] POC pregnancy, urine](#)

Routine, Point Of Care, Pre-Admission Testing

[\[ \] Urinalysis, automated with microscopy](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Laboratory: Additional Labs \(Selection Required\)](#)

[\[ \] Urinalysis screen and microscopy, with reflex to culture](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] CBC hemogram](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] HIV 1/2 antigen/antibody, fourth generation, with reflexes](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Syphilis treponema screen with RPR confirmation \(reverse algorithm\)](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Acute viral hepatitis panel \(HAV, HBV, HCV\)](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Thromboelastograph](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Thromboelastograph - HMW HMSL HMB HMWB](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Vitamin D 25 hydroxy level](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] MRSA PCR](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Nares, Pre-Admission Testing

[\[ \] T3](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] T4](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[\[ \] Thyroid stimulating hormone](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☐ [Prostate specific antigen](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☐ [Laboratory: Additional for Bariatric patients](#)

☒ [Lipid panel](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [hCG qualitative, serum screen](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Total iron binding capacity](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [T4, free](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Thyroid stimulating hormone](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Hemoglobin A1c](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Parathyroid hormone](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [CBC with platelet and differential](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Prothrombin time with INR](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Partial thromboplastin time, activated](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Vitamin A level, plasma or serum](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Vitamin B12 level](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Vitamin D 25 hydroxy level](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Copper level, serum](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Folate level](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Vitamin B1 \(thiamine\)](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

☒ [Zinc level, serum](#)

Routine, Status: Future, Expires: 1 Year, Clinic Collect, Pre-Admission Testing

[Case Request](#)

☐ [Hip](#)

☐ [ORIF, HIP](#)

Panel 1, ORIF, HIP, Scheduling/ADT

☐ [ORIF, FRACTURE, LOWER EXTREMITY, WITH EXTERNAL FIXATION DEVICE APPLICATION](#)

Panel 1, ORIF, FRACTURE, LOWER EXTREMITY, WITH EXTERNAL FIXATION DEVICE APPLICATION, Scheduling/ADT

☐ [Case request operating room](#)

Scheduling/ADT

☐ [Leg / Knee](#)

( ) ORIF, FRACTURE, FEMUR

Panel 1, ORIF, FRACTURE, FEMUR, Scheduling/ADT

( ) ORIF, FRACTURE, FEMUR, DISTAL

Panel 1, ORIF, FRACTURE, FEMUR, DISTAL, Scheduling/ADT

( ) ORIF, FRACTURE, FEMUR, USING LISS AND INTRAMEDULLARY NAIL

Panel 1, ORIF, FRACTURE, FEMUR, USING LISS AND INTRAMEDULLARY NAIL, Scheduling/ADT

( ) ORIF, FRACTURE, FEMUR, SHAFT, USING INTRAMEDULLARY ROD

Panel 1, ORIF, FRACTURE, FEMUR, SHAFT, USING INTRAMEDULLARY ROD, Scheduling/ADT

( ) ORIF, FRACTURE, PATELLA

Panel 1, ORIF, FRACTURE, PATELLA, Scheduling/ADT

( ) ORIF, KNEE

Panel 1, ORIF, KNEE, Scheduling/ADT

( ) ORIF, FRACTURE, TIBIA

Panel 1, ORIF, FRACTURE, TIBIA, Scheduling/ADT

( ) ORIF, FRACTURE, TIBIAL PLATEAU

Panel 1, ORIF, FRACTURE, TIBIAL PLATEAU, Scheduling/ADT

( ) ORIF, FRACTURE, FIBULA

Panel 1, ORIF, FRACTURE, FIBULA, Scheduling/ADT

( ) ORIF, FRACTURE, TIBIA AND FIBULA, WITH INTRAMEDULLARY RODDING FOR DISTAL TIBIA FRACTURE

Panel 1, ORIF, FRACTURE, TIBIA AND FIBULA, WITH INTRAMEDULLARY RODDING FOR DISTAL TIBIA FRACTURE, Scheduling/ADT

( ) ORIF, FRACTURE, LOWER EXTREMITY, WITH EXTERNAL FIXATION DEVICE APPLICATION

Panel 1, ORIF, FRACTURE, LOWER EXTREMITY, WITH EXTERNAL FIXATION DEVICE APPLICATION, Scheduling/ADT

( ) Case request operating room

Scheduling/ADT

( ) Ankle / Foot

( ) ORIF, FRACTURE, ANKLE

Panel 1, ORIF, FRACTURE, ANKLE, Scheduling/ADT

( ) ORIF, DISLOCATION, ANKLE

Panel 1, ORIF, DISLOCATION, ANKLE, Scheduling/ADT

( ) ORIF, FOOT

Panel 1, ORIF, FOOT, Scheduling/ADT

( ) ORIF, FRACTURE, TOE

Panel 1, ORIF, FRACTURE, TOE, Scheduling/ADT

( ) ORIF, FRACTURE, CALCANEUS

Panel 1, ORIF, FRACTURE, CALCANEUS, Scheduling/ADT

( ) ORIF, FRACTURE, LATERAL MALLEOLUS

Panel 1, ORIF, FRACTURE, LATERAL MALLEOLUS, Scheduling/ADT

( ) ORIF, LESSER TOE

Panel 1, ORIF, LESSER TOE, Scheduling/ADT

( ) ORIF, FRACTURE, LOWER EXTREMITY, WITH EXTERNAL FIXATION DEVICE APPLICATION

Panel 1, ORIF, FRACTURE, LOWER EXTREMITY, WITH EXTERNAL FIXATION DEVICE APPLICATION, Scheduling/ADT

( ) Case request operating room

Scheduling/ADT

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER**

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](#)

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

Vitals

[\[X\] Vital signs - T/P/R/BP \(per unit protocol\)](#)

Routine, Q4H , Times 3, then every 8 hours if stable., Pre-op

Activity

[\[ \] Strict bed rest](#)

Routine, Until Discontinued, Starting Today, At: N , Pre-op

[\[ \] Weight bearing](#)

Routine, Until Discontinued, Starting Today, At: N , Pre-op

Equipment

[\[ \] Overhead frame trapeze](#)

Routine, Daily , Pre-op

[\[ \] Bucks Traction](#)

Routine, Once , To affected leg, Pre-op

Nursing

[\[ \] Peripheral vascular assessment](#)

Routine, Q2H , Times 3, then every shift., Pre-op

[\[ \] Insert and Maintain Foley \(Selection Required\)](#)

[\[X\] Insert Foley catheter](#)

Routine, Once , Foley catheter may be removed per nursing protocol., Pre-op

[\[X\] Foley Catheter Care](#)

Routine, Until Discontinued, Starting Today, At: N, Orders: to gravity, Pre-op

[\[ \] POCT bedside glucose](#)

Routine, As Directed , 1 hour prior to surgery. If blood glucose is less than 120, notify Provider., Pre-op

[\[ \] Chlorhexidine shower](#)

Routine, PRN, For 2 Occurrences , Evening prior to surgery and the morning of surgery., Pre-op

[\[ \] Chlorhexidine sage cloths](#)

Routine, PRN, For 2 Occurrences , For patients who are unable to shower use cloths night before surgery and prior to surgery, Pre-op

[\[ \] Surgical Prep - chlorhexidine \(HIBICLENS\) 4% Surgical Scrub and chlorhexidine \(PERIDEX\) 0.12 % oral solution \(Selection Required\)](#)

[\[X\] Night Prior to and Morning of Surgery - For Patients Who Can Shower ONLY - chlorhexidine \(HIBICLENS\) 4 % liquid](#)

Topical, BID, Pre-op , Please supply and instruct patient. Chlorhexidine bath/shower the night prior to surgery and the morning of surgery.

[\[X\] Night Prior to and Morning of Surgery - chlorhexidine \(PERIDEX\) 0.12 % oral solution](#)

5 mL, Swish & Spit, BID, Pre-op , Night Prior to and Morning of Surgery

[\[ \] Place antiembolic stockings](#)

Routine, Once , To non-operative extremity., Pre-op

[\[ \] May place pillow under leg as needed.](#)

Routine, Until Discontinued, Starting Today, At: N , Pre-op

[\[ \] Apply ice pack](#)

Routine, PRN , As needed to affected extremity., Pre-op

Diet

[\[ \] NPO-After Midnight](#)

Effective Midnight, Starting Tomorrow, At: 0001, NPO: Except Sips with meds, An NPO order without explicit exceptions means nothing can be given orally to the patient., Pre-op

[\[ \] Diet](#)

Effective Now, Starting Today, At: N , Pre-op

Consent

☐ Complete consent for Hip Fracture ORIF vs Prosthetic Replacement

Routine, Once, Procedure: Hip Fracture ORIF vs Prosthetic Replacement, Pre-op

☐ Complete consent for ORIF Femur Fracture

Routine, Once, Pre-op

☐ Complete consent for

Routine, Once, Pre-op

IV Fluids

Insert and Maintain IV

☒ Initiate and maintain IV (Selection Required)

☒ Insert peripheral IV

Routine, Once, Pre-op

☒ sodium chloride 0.9 % flush

10 mL, intravenous, Q12H SCH, Pre-op

☒ sodium chloride 0.9 % flush

10 mL, intravenous, PRN, line care, Pre-op

IV Fluids

☐ sodium chloride 0.9 % infusion

75 mL/hr, intravenous, Continuous, Pre-op

☐ lactated Ringer's infusion

75 mL/hr, intravenous, Continuous, Pre-op

Medications

Surgical Medications

☐ Nasal Decolonization for MRSA -Select One Option: (Selection Required)

☒ povidone-iodine (3M SKIN AND NASAL ANTISEPTIC) 0.5% NASAL swab

4 Swabs, nasal, Once, For 1 Doses, Pre-op, 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.

☐ 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.

☒ Surgical Prep - chlorhexidine (HIBICLENS) 4% Surgical Scrub (Selection Required)

☒ Night Prior to and Morning of Surgery - For Patients Who Can Shower ONLY - chlorhexidine (HIBICLENS) 4 % liquid

Topical, BID, Pre-op, Please supply and instruct patient. Chlorhexidine bath/shower the night prior to surgery and the morning of surgery.

☐ Vancomycin Intraosseous (Selection Required) Only Appears If: **SB IP ORDERSET HHM ONLY**

☐ vancomycin (VANCOBIN) 500 mg in sodium chloride 0.9% 100 mL Intraosseous Infusion

500 mg, intraosseous, Once, For 1 Doses, Intra-op, To be given IntraOp. No antimicrobial prophylaxis is recommended for clean or clean-contaminated prosthetic joint arthroplasties.

☐ sodium chloride 0.9 % infusion

150 mL, intraosseous, Once, For 1 Doses, Intra-op

Surgical Prophylaxis

Default Phase of Care: Pre-op

☐ Standard Prophylaxis (including patients allergic to PCN) (Selection Required)

☒ Cefazolin 2 g (Selection Required) Only Appears If: **HM SB WEIGHT < 100 KG**

☒ ceFAZolin (ANCEF) IV

2 g, intravenous, Once, For 1 Doses, Administer within 60 minutes of incision; On Call to OR <BR>, Indication: Surgical Prophylaxis

☒ Cefazolin 3 g (Selection Required) Only Appears If: **HM SB WEIGHT >= 100 KG**

☒ ceFAZolin (ANCEF) IV

3 g, intravenous, Once, For 1 Doses, Administer within 60 minutes of incision; On Call to OR <BR>, Indication: Surgical Prophylaxis

☐ Vancomycin - If Risk of MRSA Present (Known Colonization or History of MRSA) (Selection Required)

Patient Weight Vancomycin Dose

<80 kg 1 g

80-100 kg 1.5 g

>100 kg 2 g

\*Maximum pre-op dose 2 g

☐ [Weight < 80 kg \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT < 80 KG**

☒ [Weight < 80 kg](#)

1 g, intravenous, Once, For 1 Doses , On Call to OR<BR>Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [Weight 80-100 kg \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT 80-100 KG**

☒ [Weight 80-100 kg](#)

1.5 g, intravenous, Once, For 1 Doses , On Call to OR<BR>Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [Weight >100 KG \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT > 100 KG**

☒ [Weight 80-100 kg](#)

2 g, intravenous, Once, For 1 Doses , On Call to OR<BR>Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [For use in Patients with Cephalosporin Allergy - Vancomycin \(Selection Required\)](#)

Patient Weight Vancomycin Dose

<80 kg 1 g

80-100 kg 1.5 g

>100 kg 2 g

\*Maximum pre-op dose 2 g

☐ [Weight < 80 kg \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT < 80 KG**

☒ [Weight < 80 kg](#)

1 g, intravenous, Once, For 1 Doses , On Call to OR<BR>Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [Weight 80-100 kg \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT 80-100 KG**

☒ [Weight 80-100 kg](#)

1.5 g, intravenous, Once, For 1 Doses , On Call to OR<BR>Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

☐ [Weight >100 KG \(Selection Required\)](#) Only Appears If: **HM SB WEIGHT > 100 KG**

☒ [Weight 80-100 kg](#)

2 g, intravenous, Once, For 1 Doses , On Call to OR<BR>Start infusion within 30-120 minutes before incision., Indication: Surgical Prophylaxis

[Scheduled Pain: For Patients LESS than 70 years old](#) Only Appears If: **SB INPATIENT AGE<70 YEARS**

☐ [celecoxib \(CeleBREX\) capsule](#)

400 mg, oral, Once, For 1 Doses, Pre-op , Do not give if Sulfa allergy/Renal Disease.

☐ [ketorolac \(TORADOL\) IV \(Selection Required\)](#)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.

WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

☐ [For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac \(TORADOL\) injection](#)

15 mg, intravenous, Q6H PRN, moderate pain (score 4-6)

☐ [For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac \(TORADOL\) injection](#)

30 mg, intravenous, Q6H PRN, moderate pain (score 4-6)

☐ [morphINE \(MSIR\) tablet](#)

15 mg, oral, Once, For 1 Doses, Pre-op , acute pain

☐ [oxyCODone \(ROXICODONE\) immediate release tablet](#)

oral, Once, For 1 Doses, Pre-op , acute pain

☐ [pregabalin \(LYRICA\) capsule](#)

75 mg, oral, Once, For 1 Doses, Pre-op

☐ [gabapentin \(NEURONTIN\)](#)

300 mg, oral, Once, For 1 Doses, Pre-op

**Scheduled Pain: For Patients GREATER than or EQUAL to 70 years old Only Appears If: SB INPATIENT AGE 70 YEARS AND ABOVE**

**[ ] celecoxib (CeleBREX) capsule**

400 mg, oral, Once, For 1 Doses, Pre-op , Do not give if Sulfa allergy/Renal Disease.

**[ ] ketorolac (TORADOL) IV (Selection Required)**

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.

WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

**( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection**

15 mg, intravenous, Q6H PRN, moderate pain (score 4-6)

**( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection**

30 mg, intravenous, Q6H PRN, moderate pain (score 4-6)

**[ ] pregabalin (LYRICA) capsule**

75 mg, oral, Once, For 1 Doses, Pre-op

**[ ] gabapentin (NEURONTIN)**

300 mg, oral, Once, For 1 Doses, Pre-op

**PCA Medications**

**( ) morPHINE PCA 30 mg/30 mL**

Nurse Loading Dose: Not Ordered<BR>PCA Dose: 1 mg<BR>Patient Bolus Lockout Interval: Not Ordered<BR>Basal Rate: 0 mg/hr<BR>MAX (Four hour dose limit): 20 mg, intravenous, Continuous, Pre-op , Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.

**( ) hydromorPHONE (DILAUDID) 15 mg/30 mL PCA**

Nurse Loading Dose: Not Ordered<BR>PCA Dose: 0.2 mg<BR>Lockout: Not Ordered<BR>Basal Rate: 0 mg/hr<BR>MAX (Four hour dose limit): 3 mg, intravenous, Continuous, Pre-op, Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors. <BR>

**( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA**

intravenous, Continuous, Pre-op, \*\*Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated\*\*<BR><BR>Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, c, all ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

**Headache**

**[ ] acetaminophen (TYLENOL) tablet**

500 mg, oral, Once PRN, headaches, For 1 Doses, Pre-op

**Antiemetics Only Appears If: SB IP ORDERSET HMH HMSJ HMW HMSTC ONLY**

**[X] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days)**

1 patch, transdermal, Administer over: 72 Hours, Once, For 1 Doses, Pre-op , Apply patch behind the ear.

**[X] ondansetron (ZOFTRAN) IV or Oral (Selection Required)**

**ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet**

4 mg, oral, Q8H PRN, nausea, vomiting, Pre-op , Give if patient is able to tolerate oral medication.

Or

**ondansetron (ZOFTRAN) 4 mg/2 mL injection**

4 mg, intravenous, Q8H PRN, nausea, vomiting, Pre-op , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

**[X] promethazine (PHENERGAN) IV or Oral or Rectal (Selection Required)**

**promethazine (PHENERGAN) 12.5 mg IV**

12.5 mg, intravenous, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.



Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Or

promethazine (PHENERGAN) intraMUSCULAR injection

12.5 mg, intramuscular, Q6H PRN, nausea, vomiting , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics Only Appears If: SB IP ORDERSET HMSL HMWB HMCY**

[X] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, Pre-op , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFran) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Pre-op , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

[X] promethazine (PHENERGAN) IV or Oral or Rectal (Selection Required)

promethazine (PHENERGAN) injection

12.5 mg, intravenous, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics Only Appears If: SB IP ORDERSET HMSTJ ONLY**

[X] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, Pre-op , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFran) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Pre-op , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

[X] promethazine (PHENERGAN) IVPB or Oral or Rectal (Selection Required)

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB

12.5 mg, intravenous, Administer over: 30 Minutes, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, Pre-op , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Bowel Care

☐ sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet

2 tablets, oral, Nightly PRN, constipation, Pre-op

☐ simethicone (MYLICON) chewable tablet

160 mg, oral, 4x Daily PRN, flatulence, Pre-op

☐ docusate sodium (COLACE) capsule

100 mg, oral, BID PRN, constipation, Pre-op

☐ magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER

30 mL, oral, Q12H PRN, constipation, Pre-op , Do not give if patient is on hemodialysis or is in chronic renal failure.

☐ bisacodyl (DULCOLAX) EC tablet

10 mg, oral, Daily PRN, constipation, Pre-op

☐ bisacodyl (DULCOLAX) suppository

10 mg, rectal, Daily PRN, constipation, Pre-op

Itching: For Patients LESS than 70 years old Only Appears If: **SB INPATIENT AGE<70 YEARS**

☐ diphenhydramine (BENADRYL) tablet

25 mg, oral, Q6H PRN, itching, Pre-op

☐ hydroxyzine (ATARAX) tablet

10 mg, oral, Q6H PRN, itching, Pre-op

☐ cetirizine (Zyrtec) tablet

5 mg, oral, Daily PRN, itching, Pre-op

☐ fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed

60 mg, oral, BID PRN, itching, Pre-op

Itching: For Patients between 70-76 years old Only Appears If: **SB INPATIENT AGE 70-76 YEARS**

☐ cetirizine (Zyrtec) tablet

5 mg, oral, Daily PRN, itching, Pre-op

Itching: For Patients GREATER than 77 years old Only Appears If: **SB INPATIENT AGE>77 YEARS**

☐ cetirizine (Zyrtec) tablet

5 mg, oral, Daily PRN, itching, Pre-op

Insomnia: For Patients GREATER than 70 years old (Testing) Only Appears If: **SB INPATIENT AGE 70 YEARS AND ABOVE**

☐ ramelteon (ROZEREM) tablet

8 mg, oral, Nightly PRN, sleep, Pre-op

Insomnia: For Patients LESS than 70 years old Only Appears If: **SB INPATIENT AGE<70 YEARS**

☒ zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep (Selection Required)

☐ zolpidem (AMBIEN) tablet

5 mg, oral, Nightly PRN, sleep

☒ ramelteon (ROZEREM) tablet

8 mg, oral, Nightly PRN, sleep

Labs

COVID-19 Qualitative PCR

☐ 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

Labs

☒ CBC and differential

Once , Pre-op

☒ Basic metabolic panel

Once , Pre-op

[\[ \] Comprehensive metabolic panel](#)

Once , Pre-op

[\[X\] Partial thromboplastin time](#)

Once, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen., Pre-op

[\[X\] Prothrombin time with INR](#)

Once , Pre-op

[\[ \] C-reactive protein](#)

Once , Pre-op

[\[ \] Magnesium](#)

Once , Pre-op

[\[ \] Phosphorus](#)

Once , Pre-op

[\[ \] Potassium level](#)

Once , Pre-op

[\[ \] Sedimentation rate](#)

Once , Pre-op

[\[ \] Sodium level](#)

Once , Pre-op

[\[ \] Hemoglobin A1c](#)

Once, For 1 Occurrences , Pre-op

[\[ \] Vitamin D 25 hydroxy](#)

Once , Pre-op

[\[ \] hCG qualitative, urine](#)

Once , Pre-op

[\[ \] Urinalysis screen and microscopy, with reflex to culture](#)

Once, Specimen Source: Urine, Specimen must be received in the laboratory within 2 hours of collection., Pre-op

[\[X\] Type and screen](#)

Once , Pre-op

[Cardiology](#)

[Cardiology](#)

[\[ \] ECG Pre/Post Op](#)

Routine, Once , Pre-op

[Imaging](#)

[X-Ray](#)

[\[ \] Chest 2 Vw](#)

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

[\[ \] Hips Bilateral Ap Lateral W Ap Pelvis](#)

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

[\[ \] Femur 2 Vw Left](#)

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

[\[ \] Femur 2 Vw Right](#)

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

[\[ \] Tibia Fibula 2 Vw Left](#)

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

[\[ \] Tibia Fibula 2 Vw Right](#)

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

☐ Ankle 3+ Vw Left

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

☐ Ankle 3+ Vw Right

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

☐ Knee 3 Vw Left

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

☐ Knee 3 Vw Right

Routine, Once, Starting Today, At: 0100 , Pre-Op, Pre-op

Other Studies

Respiratory

Rehab

Consults

Ancillary Consults Only Appears If: **SB IP ORDERSET HMM ONLY**

☒ Consult to Fracture Liaison Service

Pre-op

☒ Consult to Case Management

Consult Reason: Discharge Planning, Pre-op

☒ Consult to Social Work

Reason for Consult: Discharge Planning, Pre-op

☐ Consult PT eval and treat

Pre-op

☐ Consult to PT Wound Care Eval and Treat

Pre-op

☐ Consult OT eval and treat

Pre-op

☒ Consult to Nutrition Services

Pre-op

☐ Consult to Spiritual Care

Pre-op

☐ Consult to Speech Language Pathology

Routine, Once , Pre-op

☐ Consult to Wound Ostomy Care nurse

Pre-op

☐ Consult to Respiratory Therapy

Pre-op

Additional Orders