

Location: _____

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 for PAT☒ **ECG Pre/Post Op** Once, Pre-Admission Testing, Routine, 6

Clinical Indications:

Interpreting Physician:

☐ **ECG 12 lead** Once, Pre-Admission Testing, Routine, 6

Clinical Indications:

Interpreting Physician:

☐ **XR Chest 1 Vw Portable** 1 time imaging, Pre-Admission Testing, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **XR Chest 2 Vw** 1 time imaging, Pre-Admission Testing, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Pv carotid duplex** 1 time imaging, Routine

Laterality:

Special protocol:

☐ **Us vein mapping lower extremity** 1 time imaging, Routine

Laterality:

Preferred interpreting Cardiologist or group:

☐ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** Once, Pre-Admission Testing, Routine, Nares☐ Respiratory☐ **Spirometry pre & post w/ bronchodilator, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator** Once, Pre-Admission Testing, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Body Plethysmographic lung volumes** Once, Pre-Admission Testing, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry** Once, Pre-Admission Testing, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **OP Diffusion Capacity Combination Panel**☐ **Spirometry, diffusion** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, MIPS/MEPS** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry, diffusion, lung volumes, MIPS/MEPS** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator, diffusion** Once, Routine

RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator, diffusion, lung volumes** Once, Routine

RT to follow protocol for changes to requested PFT orders?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS** Once, Routine
RT to follow protocol for changes to requested PFT orders?

☐ **Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS** Once, Routine
RT to follow protocol for changes to requested PFT orders?

☐ **Laboratory: Preoperative Testing Labs**

☐ **COVID-19 qualitative RT-PCR - Nasal Swab** Once, Pre-Admission Testing, Routine

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? ☐ Yes

Specimen Source:

☐ **CBC with platelet and differential** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Comprehensive metabolic panel** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Basic metabolic panel** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Prothrombin time with INR** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Partial thromboplastin time** Once, Pre-Admission Testing, Routine, Blood, 3

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.

☐ **Hepatic function panel** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Platelet function analysis** Once, Pre-Admission Testing, Routine, Blood, 3

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Hemoglobin A1c** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Type and screen** Once, Pre-Admission Testing, Routine, Blood

☐ **hCG qualitative, serum screen** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **POC pregnancy, urine** Once, Pre-Admission Testing, Routine, Urine

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Urinalysis, automated with microscopy** Once, Pre-Admission Testing, Routine, Urine

Specimen must be received in the laboratory within 2 hours of collection.

☐ **Laboratory: Additional Labs**

☐ **Urinalysis screen and microscopy, with reflex to culture** Once, Pre-Admission Testing, Routine, Urine

Specimen Source: Urine

Specimen Site:

Specimen must be received in the laboratory within 2 hours of collection.

☐ **CBC hemogram** Once, Pre-Admission Testing, Routine, Blood, 3

CBC only; Does not include a differential

☐ **HIV 1/2 antigen/antibody, fourth generation, with reflexes** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Syphilis treponema screen with RPR confirmation (reverse algorithm)** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Acute viral hepatitis panel (HAV, HBV, HCV)** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Thromboelastograph - NOT HMW HMSL HMB HMWB** Once, Pre-Admission Testing, Routine, Blood, 3

Anticoagulant Therapy:

Diagnosis:

Fax Number (For TEG Graph Result):

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Thromboelastograph - HMW HMSL HMB HMWB** Once, Pre-Admission Testing, Routine, Blood, 3

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

☐ **Vitamin D 25 hydroxy level** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** Once, Pre-Admission Testing, Routine, Nares

☐ **T3** Once, Pre-Admission Testing, Routine, Blood, 3

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **T4** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Thyroid stimulating hormone** Once, Pre-Admission Testing, Routine, Blood, 3

☐ **Prostate specific antigen** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Laboratory: Additional for Bariatric patients**

☒ **Lipid panel** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **hCG qualitative, serum screen** Once, Pre-Admission Testing, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☒ **Total iron binding capacity** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **T4, free** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Thyroid stimulating hormone** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Hemoglobin A1c** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Parathyroid hormone** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **CBC with platelet and differential** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Prothrombin time with INR** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Partial thromboplastin time, activated** Once, Pre-Admission Testing, Routine, Blood, 3

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.

☒ **Vitamin A level, plasma or serum** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

☒ **Vitamin B12 level** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Vitamin D 25 hydroxy level** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Copper level, serum** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

☒ **Folate level** Once, Pre-Admission Testing, Routine, Blood, 3

☒ **Vitamin B1 (thiamine)** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

☒ **Zinc level, serum** Once, Pre-Admission Testing, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

ERAS Diet and Nutrition

☐ **NON DIABETIC Patient**

☒ **ENSURE preoperative carbohydrate drink** Pre-Admission Testing, Routine, Drink 2 bottles of Ensure Pre-surgery clear carbohydrate drink by mouth on the evening before surgery

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **ENSURE preoperative carbohydrate drink** Pre-Admission Testing, Routine, Drink 1 bottle of Ensure Pre-surgery clear carbohydrate drink by mouth 2 (two) hours before scheduled arrival time to hospital. Contraindications: hiatal hernia, gastroparesis, severe GERD, difficult airway

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

☒ **Patient education: Enhanced Recovery After Surgery Instructions for Clear Complex Carbohydrate Drink and Clear Liquid Diet Education** Once, Pre-Admission Testing, Routine, Provide handout and educate patient

Patient/Family:

Education for:

☒ **Patient education IMPACT product brochure: "Be Prepared for Surgery"** Once, Pre-Admission Testing, Routine

Patient/Family:

Education for:

☒ **Diet - Clear liquid** Diet effective now, Pre-Admission Testing, Routine, Clear liquid diet until 2 (two) hours before scheduled arrival time to hospital: Water, Apple Juice, Sports drinks, Black Coffee or Tea without milk/cream or non-dairy creamer, Crystal Light. Note: No carbonated or alcoholic beverages. Contraindications: hiatal hernia, gastroparesis, severe GERD, difficult airway

Diet(s):

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **DIABETIC Patient**

☐ **ENSURE preoperative carbohydrate drink** Pre-Admission Testing, Routine, Drink 2 bottles of Ensure Pre-surgery clear carbohydrate drink by mouth on the evening before surgery

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

☐ **ENSURE preoperative carbohydrate drink** Pre-Admission Testing, Routine, Drink 1 bottle of Ensure Pre-surgery clear carbohydrate drink by mouth 2 (two) hours before scheduled arrival time to hospital. Contraindications: hiatal hernia, gastroparesis, severe GERD, difficult airway

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **IMPACT advanced recovery drink** Pre-Admission Testing, Routine, Drink 1 carton (6 ounces) by mouth 3 (three) times daily starting 5 days before surgery for 15 doses. Drink last 3 cartons on the day before surgery unless otherwise specified by surgeon. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

☒ **Patient Education: Enhanced Recovery After Surgery Instructions for Clear Complex Carbohydrate Drink and Clear Liquid Diet** Once, Pre-Admission Testing, Routine, Provide handout and educate

Patient/Family:

Education for:

☒ **Patient Education: Enhanced Recovery After Surgery for Patients with Diabetes** Once, Pre-Admission Testing, Routine, Provide handout and educate patient

Patient/Family:

Education for:

☒ **IMPACT product brochure: "Be Prepared for Surgery"** Once, Pre-Admission Testing, Routine, Provide handout and educate patient

Patient/Family:

Education for:

☒ **Diet - Low- carb clear liquid** Diet effective now, Pre-Admission Testing, Routine, Low-carb clear liquid diet until 2 (two) hours before scheduled arrival time to hospital: Water, Lower sugar sports drinks like Gatorade G2 or Propel Fitness Water, No sugar whey protein isolate drinks like Premier Protein Clear, Black Coffee or Tea without milk/cream or non-dairy creamer, Broth, Sugar-free flavored water (like Crystal Light, sugar-free vitamin waters, sugar-free lemonade). Note: No carbonated or alcoholic beverages.

Diet(s): No Carbohydrate Clear Liquid

Diet(s):

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Case Request

☐ Obstetric Surgery

☐ **DELIVERY, CESAREAN** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTEROSCOPY, DIAGNOSTIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **HYSTEROSCOPY, WITH BIOPSY OR POLYPECTOMY** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **DILATION AND CURETTAGE, UTERUS, FOR MISSED FIRST TRIMESTER ABORTION** Once, Scheduling/ADT,

Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **DILATION AND CURETTAGE, UTERUS, FOR INCOMPLETE ABORTION** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **DILATION AND CURETTAGE, UTERUS, DIAGNOSTIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, VAGINAL, LAPAROSCOPIC-ASSISTED** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, VAGINAL, LAPAROSCOPIC, ROBOT-ASSISTED** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **LIGATION, FALLOPIAN TUBE, BILATERAL, LAPAROSCOPIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **MYOMECTOMY, ABDOMINAL APPROACH** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **CERCLAGE, CERVIX, VAGINAL APPROACH** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **Case request operating room** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **GYNECOLOGY SURGERY**

☐ **HYSTEROSCOPY, DIAGNOSTIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTEROSCOPY, WITH BIOPSY OR POLYPECTOMY** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **HYSTEROSCOPY, WITH UTERINE ABLATION** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTEROSCOPY W ENDOMETRIAL ABLATION, W DILATION AND CURETTAGE, UTERUS, W BILATERAL TUBAL LIGATION** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, ABDOMINAL, LAPAROSCOPIC, ROBOT-ASSISTED** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **XI ROBOTIC ASSISTED LAPAROSCOPIC HYSTERECTOMY W/ BSO** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, TOTAL, ABDOMINAL, LAPAROSCOPIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **DILATION AND CURETTAGE, UTERUS, FOR MISSED FIRST TRIMESTER ABORTION** Once, Scheduling/ADT,

Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **DILATION AND CURETTAGE, UTERUS, FOR INCOMPLETE ABORTION** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **DILATION AND CURETTAGE, UTERUS, DIAGNOSTIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **LEEP CONIZATION, CERVIX** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **SALPINGECTOMY** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **Case request operating room** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **GYNECOLOGY & UROLOGY SURGERY**

☐ **COLPORRHAPHY, COMBINED ANTEROPOSTERIOR** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **CYSTOSCOPY** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **CYSTO STENT INSERTION** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **CYSTO, WITH BLADDER BIOPSY** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **CYSTO, URETEROSCOPY** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL)** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, VAGINAL, LAPAROSCOPIC-ASSISTED** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **HYSTERECTOMY, VAGINAL, LAPAROSCOPIC, ROBOT-ASSISTED** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, VAGINAL** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **SLING, PUBOVAGINAL** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **Case request operating room** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HM IP GYNECOLOGY ONCOLOGY SURGERY**

☐ **HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **XI ROBOTIC ASSISTED LAPAROSCOPIC HYSTERECTOMY W/ BSO** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **ABDOMINAL HYSTERECTOMY, WITH POSSIBLE SALPINGO-OOPHORECTOMY** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, TOTAL, ABDOMINAL, LAPAROSCOPIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **HYSTERECTOMY, ABDOMINAL, LAPAROSCOPIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **SALPINGO-OOPHORECTOMY, LAPAROSCOPIC** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **EXCISION, MASS** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **LEEP CONIZATION, CERVIX** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

☐ **Case request operating room** Once, Scheduling/ADT, Routine

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Planned ICU Admission Post-Operatively (Admit to Inpatient 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** Once, 1, Pre-op, Routine

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.

Precautions

☐ **Aspiration precautions** Continuous, Pre-op, Routine

☐ **Fall precautions** Continuous, Pre-op, Routine

Increased observation level needed:

☐ **Latex precautions** Continuous, Pre-op, Routine

☐ **Seizure precautions** Continuous, Pre-op, Routine

Increased observation level needed:

Nursing

Vital signs

☒ **Vital signs - T/P/R/BP** Per unit protocol, Pre-op, Routine, Per Guidelines of Care

Activity

☐ **Strict bed rest** Until discontinued, Pre-op, Routine

☐ **Bed rest with bedside commode** Until discontinued, Pre-op, Routine, Patient to use bedside commode

Bathroom Privileges: ☐ with bedside commode

☐ **Bed rest with bathroom privileges** Until discontinued, Pre-op, Routine

Bathroom Privileges: ☐ with bathroom privileges

☐ **Ambulate with assistance** 3 times daily, Pre-op, Routine

Specify: ☐ with assistance

☐ **Activity as tolerated** Until discontinued, Pre-op, Routine

Specify: ☐ Activity as tolerated

Nursing care

☐ **Obtain labs per anesthesia protocol** Until discontinued, Pre-op, Routine

☐ **Bathe with chlorhexidine** Once, Pre-op, Routine

☐ **chlorhexidine (HIBICLENS) 4 % liquid** 1 Application, Topical, once, 1, Occurrences, Pre-op

Bathe with chlorhexidine 4% (HIBICLENS)

☐ **Patient education incentive spirometry** Once, Pre-op, Routine

Education for: ☐ Incentive spirometry

Patient/Family:

☐ **Use hover mat for patients with BMI greater than 30** Until discontinued, Pre-op, Routine

Diet

☒ **NPO** Diet effective now, Pre-op, Routine, Clear Liquid intake is acceptable up to two hours before surgery

NPO: ☐ Except Sips with meds

Pre-Operative fasting options:

An NPO order without explicit exceptions means nothing can be given orally to the patient.

Consent

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **Complete Consent Form** Once, Pre-op, Routine

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?

IV Fluids

Maintenance IV Fluids

☒ **lactated ringers (LR) or sodium chloride 0.9% (NS) infusion**

Due to IV shortage, LR or NS will be administered based on availability

☒ **lactated ringer's infusion** 125 mL/hr, intravenous, once, 1, Occurrences, Pre-op

Due to IV shortage, LR or NS will be administered based on availability

☒ **sodium chloride 0.9 % infusion** 125 mL/hr, intravenous, once, 1, Occurrences, Pre-op

Due to IV shortage, LR or NS will be administered based on availability

Medications

Premanagement Medications

☐ **acetaminophen (TYLENOL) tablet** 1000 mg, oral, once, 1, Occurrences, Pre-op, Routine

to be given 1 hour before start of surgery

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **acetaminophen ER (TYLENOL) 8 hr tablet** 1300 mg, oral, once, 1, Occurrences, Pre-op, Routine

to be given 1 hour before start of surgery

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **celecoxib (CeleBREX) capsule** 100 mg, oral, once, 1, Occurrences, Pre-op

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **gabapentin (NEURONTIN)** 600 mg, oral, once, 1, Occurrences, Pre-op

☐ **pregabalin (LYRICA) capsule** 50 mg, oral, once, 1, Occurrences, Pre-op

Swallow with a sip of water.

Antibiotics

Does your patient have a penicillin allergy?

☐ No

☒ **cefazolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg**

☐ **cefazolin (ANCEF) IV** 2 g, intravenous, once, 1, Occurrences, Pre-op, STAT

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:

☒ **cefazolin (ANCEF) IV - For patients GREATER than 120 kg**

☐ **cefazolin (ANCEF) IV** 3 g, intravenous, once, 1, Occurrences, Pre-op, STAT

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:

☐ **Antibiotics: If Penicillin or Beta-Lactam Allergic**

If patient is Penicillin or Beta-Lactam Allergic: choose ONE option from Section 1 and ONE option from Section 2.

☒ **Section 1**

☐ **metronidazole (FLAGYL) IV** 500 mg, intravenous, once, 1, Occurrences, STAT

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

For penicillin or beta-lactam allergic patients.

☐ **clindamycin (CLEOCIN) IV - Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.** 900 mg, intravenous, once, 1, Occurrences, STAT

Indication:

For penicillin or beta-lactam allergic patients.

☒ **Section 2**

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **levofloxacin (LEVAQUIN) IV** 500 mg, intravenous, once, 1, Occurrences, STAT
 Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
 Indication:
 For penicillin or beta-lactam allergic patients.
 May cause QTc prolongation.

☐ **gentamicin (GARAMYCIN) IV** 80 mg, intravenous, once, 1, Occurrences, STAT
 Indication:
 For penicillin or beta-lactam allergic patients.

DVT Prophylaxis

Please consider preoperative DVT chemoprophylaxis for patients who are not at high risk of bleeding and have one of the following: 1) Pre-existing limited mobility OR 2) Diagnosis of cancer undergoing abdominal/pelvic surgery lasting for two hours.

☐ **HEParin (porcine) injection** 5000 Units, subcutaneous, once, 1, Occurrences, Pre-op

VTE**Labs Today**

☐ **COVID-19 Qualitative PCR**

☐ **COVID-19 qualitative RT-PCR - Nasal Swab** STAT, 1, Occurrences, Pre-op, Routine

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? ☐ Yes

Specimen Source:

Hematology/Coagulation

☐ **CBC with differential** Once, Pre-op, Routine, Blood, 3

☐ **Prothrombin time with INR** Once, Pre-op, Routine, Blood, 3

☐ **Partial thromboplastin time** Once, Pre-op, Routine, Blood, 3

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.

☐ **Type and screen** Once, Pre-op, Routine, Blood

Chemistry

☐ **Comprehensive metabolic panel** Once, Pre-op, Routine, Blood, 3

☐ **Basic metabolic panel** Once, Pre-op, Routine, Blood, 3

☐ **hCG qualitative, serum** Once, Pre-op, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **hCG quantitative, serum** Once, Pre-op, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **HIV 1/2 antigen/antibody, fourth generation, with reflexes** Once, Pre-op, Routine, Blood, 3

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Bedside glucose** Once, Pre-op, Routine, Blood

☐ **hCG qualitative, urine** Once, Pre-op, Routine, Urine

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Urinalysis, automated with microscopy** Once, Pre-op, Routine, Urine

Specimen must be received in the laboratory within 2 hours of collection.

☐ **Urinalysis screen and microscopy, with reflex to culture** Once, Pre-op, Routine, Urine

Specimen Source: Urine

Specimen Site:

Specimen must be received in the laboratory within 2 hours of collection.

Pre-Op Studies**EKG**

☐ **ECG Pre/Post Op** Once, Pre-op, Routine, 6

Clinical Indications:

Interpreting Physician:

X-Ray

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **Chest 1 Vw** 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **XR Chest 2 Vw** 1 time imaging, Pre-op, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

☐ **Consult to Social Work** Once, Pre-op, Routine

Reason for Consult:

Reason for Consult?

☐ **Consult to Spiritual Care** Once, Pre-op, Routine

Reason for consult?

Reason for Consult?

For requests after hours, call the house operator.

Additional Orders