

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☐ ECG 12 lead☐ XR Chest 1 Vw Portable☐ XR Chest 2 Vw☐ Pv carotid duplex☐ Us vein mapping lower extremity☐ Methicillin-resistant staphylococcus aureus (MRSA), NAA☐ Respiratory (Selection Required)☐ Spirometry pre & post w/ bronchodilator, diffusion, lung volumes☐ Spirometry, diffusion, lung volumes☐ Spirometry pre & post w/ bronchodilator☐ Body Plethysmographic lung volumes☐ Spirometry☐ OP Diffusion Capacity Combination Panel (Selection Required)☐ Spirometry, diffusion☐ Spirometry, diffusion, lung volumes☐ Spirometry, diffusion, MIPS/MEPS☐ Spirometry, diffusion, lung volumes, MIPS/MEPS☐ Spirometry pre & post w/ bronchodilator, diffusion☐ Spirometry pre & post w/ bronchodilator, diffusion, lung volumes☐ Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS☐ Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS☐ Laboratory: Preoperative Testing Labs (Selection Required)☐ COVID-19 qualitative RT-PCR - Nasal Swab☐ CBC with platelet and differential☐ Comprehensive metabolic panel☐ Basic metabolic panel☐ Prothrombin time with INR☐ Partial thromboplastin time☐ Hepatic function panel☐ Platelet function analysis☐ Hemoglobin A1c☐ Type and screen☐ hCG qualitative, serum screen☐ POC pregnancy, urine☐ Urinalysis, automated with microscopy☐ Laboratory: Additional Labs (Selection Required)☐ Urinalysis screen and microscopy, with reflex to culture☐ CBC hemogram☐ HIV 1/2 antigen/antibody, fourth generation, with reflexes☐ Syphilis treponema screen with RPR confirmation (reverse algorithm)☐ Acute viral hepatitis panel (HAV, HBV, HCV)☐ Thromboelastograph☐ Thromboelastograph - HMW HMSL HMB HMWB☐ Vitamin D 25 hydroxy level☐ MRSA PCR☐ T3☐ T4☐ Thyroid stimulating hormone☐ Prostate specific antigen

☐ Laboratory: Additional for Bariatric patients

☒ Lipid panel

☒ hCG qualitative, serum screen

☒ Total iron binding capacity, percent transferrin saturation, and iron level

☒ T4, free

☒ Thyroid stimulating hormone

☒ Hemoglobin A1c

☒ Parathyroid hormone

☒ CBC with platelet and differential

☒ Prothrombin time with INR

☒ Partial thromboplastin time, activated

☒ Vitamin A level, plasma or serum

☒ Vitamin B12 level

☒ Vitamin D 25 hydroxy level

☒ Copper level, serum

☒ Folate level

☒ Vitamin B1 (thiamine)

☒ Zinc level, serum

☐ Pre-Admission Testing antibiotic prep prescriptions (Selection Required)

☐ Standard Prep: neomycin (MYCIFRADIN) tablet + erythromycin base (E-MYCIN) tablet (Selection Required)

☒ neomycin (MYCIFRADIN) 500 mg tablet

☒ erythromycin base (E-MYCIN) 500 MG tablet

☐ Alternative Prep for patients with erythromycin allergy: neomycin (MYCIFRADIN) tablet + metroNIDAZOLE (FLAGYL) tablet (Selection Required)

☒ neomycin (MYCIFRADIN) 500 mg tablet

☒ metroNIDAZOLE (FLAGYL) 500 MG tablet

☐ Pre-Admission Testing Bowel Prep and Surgical Scrub prescriptions (Selection Required)

☐ Night before Surgery - polyethylene glycol (GLYCOLAX) 238 g

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

Case Request

☐ HEMORRHOIDECTOMY

☐ RESECTION, COLON, LOW ANTERIOR, LAPAROSCOPIC, ROBOT-ASSISTED

☐ RESECTION, COLON, LOW ANTERIOR, LAPAROSCOPIC

☐ RESECTION, COLON, LAPAROSCOPIC, ROBOT-ASSISTED

☐ FISSURECTOMY, FISTULECTOMY, OR FISTULOTOMY OF ANUS

☐ MANOMETRY, ANORECTAL

☐ COLECTOMY, RIGHT, LAPAROSCOPIC, ROBOT-ASSISTED

☐ COLECTOMY, PARTIAL, LAPAROSCOPIC

☐ COLECTOMY, PARTIAL OR TOTAL

☐ HEMICOLECTOMY, RIGHT, LAPAROSCOPIC

☐ INCISION AND DRAINAGE, ABSCESS, ISCHIORECTAL OR PERIRECTAL

☐ INCISION AND DRAINAGE, ABSCESS, RECTUM

☐ SIGMOIDECTOMY, LAPAROSCOPIC

☐ CLOSURE, ILEOSTOMY, LAPAROSCOPIC

☐ CREATION, COLOSTOMY, LAPAROSCOPIC

☐ Case request operating room

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

Nursing

Vital Signs

☐ Vital signs - T/P/R/BP (per unit protocol)

☐ Pulse oximetry

Nursing Care

☒ Height and weight

☒ Complete consent for

☒ Hair removal

Notify

☒ Notify Physician if current oral intake status could potentially delay procedure start time

☒ Notify Physician for albumin less than 3 g/dL

☒ Notify Physician A1C greater than or equal to 8

☒ Notify Physician for Hemoglobin less than 10 g/dL and/or Hematocrit less than 30%

Diet

☒ NPO-Except sips with meds

☐ Diet - Clear liquids start at 10:00 AM the day before surgery.

☐ Oral supplements

Day Before Procedure

Oral Antibiotic Prep (Day Before Procedure)

Default Phase of Care: Scheduling/ADT

☐ Standard Prep: neomycin tablet + erythromycin tablet (Selection Required)

☒ neomycin (MYCIFRADIN) tablet (Selection Required)

neomycin (MYCIFRADIN) tablet

Followed by

neomycin (MYCIFRADIN) tablet

Followed by

neomycin (MYCIFRADIN) tablet

☒ erythromycin base (E-MYCIN) tablet (Selection Required)

erythromycin base (E-MYCIN) tablet

Followed by

erythromycin base (E-MYCIN) tablet

Followed by

erythromycin base (E-MYCIN) tablet

☐ Alternative Prep for patients allergic to erythromycin : neomycin tablet + metroNIDAZOLE tablet (Selection Required)

☒ neomycin (MYCIFRADIN) tablet (Selection Required)

neomycin (MYCIFRADIN) tablet

Followed by

neomycin (MYCIFRADIN) tablet

Followed by

neomycin (MYCIFRADIN) tablet

☒ metroNIDAZOLE (FLAGYL) tablet (Selection Required)

metroNIDAZOLE (FLAGYL) tablet

Followed by

metroNIDAZOLE (FLAGYL) tablet

Followed by

metroNIDAZOLE (FLAGYL) tablet

Bowel Prep Medications (Night Before Procedure)

☐ polyethylene glycol (GLYCOLAX) powder

Surgical Prep - chlorhexidine (HIBICLENS) 4% Surgical Scrub (Night Before Procedure and Morning of Procedure)

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

IV Fluids

Insert and Maintain IV

☒ Initiate and maintain IV (Selection Required)

☒ Insert peripheral IV

☒ sodium chloride 0.9 % flush

☒ sodium chloride 0.9 % flush

IV Bolus

☐ sodium chloride 0.9 % bolus 500 mL

☐ sodium chloride 0.9 % bolus 1000 mL

☐ lactated ringer's bolus 500 mL

☐ lactated ringers bolus 1000 mL

Maintenance IV Fluids

☐ sodium chloride 0.9 % infusion

☐ electrolyte-A (PLASMA-LYTE A) infusion

Medications

Surgical Prophylaxis (Selection Required)

☐ Standard Surgical Prophylaxis – For use in Patients Allergic to PCN (Selection Required)

☐ Standard Surgical Prophylaxis – For use in Patients Allergic to PCN (Selection Required) Only Appears If: **HM SB WEIGHT >= 100 KG**

☐ ceFAZolin (ANCEF) IV - For patient GREATER than 100 kg

And

☐ metronidazole (FLAGYL)

☐ Standard Surgical Prophylaxis – For use in Patients Allergic to PCN (Selection Required) Only Appears If: **HM SB WEIGHT < 100 KG**

☐ ceFAZolin (ANCEF) IV - For patient LESS than or EQUAL to 100 kg

And

☐ metronidazole (FLAGYL)

☐ Standard Surgical Prophylaxis (Cefoxitin) - For use in Patients Allergic to PCN

☐ For use in Patients with Cephalosporin Allergy - vancomycin + aztreonam + MetroNIDAZOLE (Selection Required)

☒ Vancomycin IV (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

☒ Weight 80-100 kg (Selection Required) Only Appears If: **HM SB WEIGHT 80-100 KG**

☒ Weight 80-100 kg

☒ Weight >100 KG (Selection Required) Only Appears If: **HM SB WEIGHT > 100 KG**

☒ Weight 80-100 kg

☒ aztreonam (AZACTAM) IV

☒ metronidazole (FLAGYL)

☐ No Pre-Op Antibiotic is required

Other meds

☐ acetaminophen (TYLENOL) oral or acetaminophen (OFIRMEV) IV (Selection Required)

☐ acetaminophen (TYLENOL) tablet

☐ acetaminophen (OFIRMEV) intravenous solution (IV Tylenol limit to 3 doses per P&T guideline)

☐ HEParin (porcine) SUBCUTANEOUS injection

VTE

Labs

COVID-19 Qualitative PCR

☐ COVID-19 qualitative RT-PCR - Nasal Swab

Labs

☒ CBC and differential

☐ Basic metabolic panel

☒ Comprehensive metabolic panel

☒ Partial thromboplastin time

☒ Prothrombin time with INR

☒ Bedside glucose

☒ Hemoglobin A1c

☐ Amylase

☐ Calcium

<input checked="" type="checkbox"/> Magnesium	
<input checked="" type="checkbox"/> Phosphorus	
<input checked="" type="checkbox"/> Albumin level	
<input type="checkbox"/> Prealbumin level	
<input type="checkbox"/> Pregnancy, urine	
<input checked="" type="checkbox"/> Type and screen	
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	
IBD Labs	
<input type="checkbox"/> Sedimentation rate	
<input type="checkbox"/> C-reactive protein	
Colon Cancer	
<input type="checkbox"/> Carcioembrionic antigen	
Imaging	
Other Studies	
Respiratory	
Respiratory	
<input type="checkbox"/> Oxygen therapy	
Rehab	
Consults	
Additional Orders	
Ancillary Consults	
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	