

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 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Maximum Quantity: 6
Question(s):

Clinical Indications:
Interpreting Physician:

ECG 12 lead Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Maximum Quantity: 6
Question(s):

Clinical Indications:
Interpreting Physician:

XR Chest 1 Vw Portable Frequency: 1 time imaging Phase of Care: Pre-Admission Testing Priority: Routine
Question(s):

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 Frequency: 1 time imaging Phase of Care: Pre-Admission Testing Priority: Routine
Question(s):

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 Frequency: 1 time imaging Priority: Routine
Question(s):

Laterality:
Special protocol:

Us vein mapping lower extremity Frequency: 1 time imaging Priority: Routine
Question(s):

Laterality:
Preferred interpreting Cardiologist or group:

Methicillin-resistant staphylococcus aureus (MRSA), NAA Frequency: Once Phase of Care: Pre-Admission Testing
Priority: Routine Specimen Type: Nares

Respiratory

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes Frequency: Once Priority: Routine
Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, lung volumes Frequency: Once Priority: Routine
Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Question(s):

RT to follow protocol for changes to requested PFT orders?

Body Plethysmographic lung volumes Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Question(s):

RT to follow protocol for changes to requested PFT orders?

OP Diffusion Capacity Combination Panel

Spirometry, diffusion Frequency: Once Priority: Routine
Question(s):

RT to follow protocol for changes to requested PFT orders?

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

Spirometry, diffusion, lung volumes Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, lung volumes, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Laboratory: Preoperative Testing Labs

COVID-19 qualitative RT-PCR - Nasal Swab Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine

Question(s):

Specimen Source: Nasal Swab

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

Specimen Source:

CBC with platelet and differential Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine

Specimen Type: Blood **Maximum Quantity:** 3

Comprehensive metabolic panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine

Specimen Type: Blood **Maximum Quantity:** 3

Basic metabolic panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Prothrombin time with INR Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Partial thromboplastin time Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Primary Ordering Comments:

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 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Platelet function analysis Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Primary Ordering Comments:

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

Hemoglobin A1c Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Type and screen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood

hCG qualitative, serum screen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Question(s):

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

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

POC pregnancy, urine Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Urine

Question(s):

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

Urinalysis, automated with microscopy Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Urine

Primary Ordering Comments:

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

Laboratory: Additional Labs

Urinalysis screen and microscopy, with reflex to culture Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Urine

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

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

CBC hemogram Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

CBC only; Does not include a differential

HIV 1/2 antigen/antibody, fourth generation, with reflexes Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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) Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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) Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Thromboelastograph - NOT HMW HMSL HMB HMWB Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

Anticoagulant Therapy:

Diagnosis:

Fax Number (For TEG Graph Result):

Primary Ordering Comments:

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

Thromboelastograph - HMW HMSL HMB HMWB Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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

Vitamin D 25 hydroxy level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Methicillin-resistant staphylococcus aureus (MRSA), NAA Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Nares

T3 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

T4 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Thyroid stimulating hormone Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prostate specific antigen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Laboratory: Additional for Bariatric patients

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

Lipid panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

hCG qualitative, serum screen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Total iron binding capacity, percent transferrin saturation, and iron level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

T4, free Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Thyroid stimulating hormone Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hemoglobin A1c Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Parathyroid hormone Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

CBC with platelet and differential Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time, activated Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Vitamin D 25 hydroxy level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Copper level, serum Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Vitamin B1 (thiamine) Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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.

Include if planned bowel work or severe endometriosis :

Bowel Prep and Surgical Scrub prescriptions

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

Night before Surgery - polyethylene glycol (Miralax) 17 gram/dose powder Dose: 238 g Route: oral
Frequency: once **Frequency Limit:** 1 Occurrences **Prescription Quantity:** 238 g **Refills:** 0 **Phase of Care:** Pre-Admission Testing

Admin Instructions:

Mix 238 g of powder with 64 ounces of a flavored clear liquid (such as Gatorade) or water to prepare for administration. Patient to drink 8 ounces (240 mL) every 15 minutes until finished. Administration of entire bowel prep should be completed within 3 hours. Administer the night before procedure.

bisacodyl (DULCOLAX) 5 mg EC tablet Dose: 20 mg Route: oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Prescription Quantity:** 4 tablet **Refills:** 0

Admin Instructions:

Take (4) tablets the night before surgery.

Night Prior to and Morning of Surgery - For Patients Who Can Shower ONLY - chlorhexidine (HIBICLENS) 4 % liquid Dose: 1 Application Route: Topical **Frequency:** 2 times daily **Frequency Limit:** 2 Occurrences **Start Date:** S **Prescription Quantity:** 118 mL **Refills:** 0 **Phase of Care:** Pre-Admission Testing

Admin Instructions:

Please supply and instruct patient. Chlorhexidine bath/shower the night prior to surgery and the morning of surgery.

neomycin (MYCIFRADIN) tablet + metronIDAZOLE (FLAGYL) tablet

neomycin (MYCIFRADIN) 500 mg tablet Dose: 500 **Frequency:** 3 times daily **Prescription Quantity:** 6 tablet **Refills:** 0

Question(s):

Indication:

Admin Instructions:

Take (2) 500 mg tablets (1,000 mg total dose) at 19 hours, 18 hours, and 9 hours before procedure.

metronIDAZOLE (FLAGYL) 500 MG tablet Dose: 500 **Frequency:** 3 times daily **Prescription Quantity:** 6 tablet **Refills:** 0

Question(s):

Indication:

Admin Instructions:

Take (2) 500 mg tablets (1,000 mg total dose) at 19 hours, 18 hours, and 9 hours before procedure.

ERAS Diet and Nutrition

NON DIABETIC Patient

ENSURE preoperative carbohydrate drink **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** Drink 2 bottles of Ensure Pre-surgery clear carbohydrate drink by mouth on the evening before surgery

Question(s):

- 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 **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** 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

Question(s):

- 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: _____

Patient education: Enhanced Recovery After Surgery Instructions for Clear Complex Carbohydrate Drink and Clear Liquid Diet Education Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Comments:

Provide handout and educate patient

Question(s):

Patient/Family:

Education for:

Patient education IMPACT product brochure: "Be Prepared for Surgery" Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine

Question(s):

Patient/Family:

Education for:

Diet - Clear liquid Frequency: Diet effective now Phase of Care: Pre-Admission Testing Priority: Routine Comments:

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

Question(s):

Diet(s):

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

DIABETIC Patient

ENSURE preoperative carbohydrate drink Phase of Care: Pre-Admission Testing Priority: Routine Comments: Drink 2 bottles of Ensure Pre-surgery clear carbohydrate drink by mouth on the evening before surgery

Question(s):

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:

ENSURE preoperative carbohydrate drink Phase of Care: Pre-Admission Testing Priority: Routine Comments: 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

Question(s):

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:

IMPACT advanced recovery drink **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** 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.

Question(s):

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 **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** Provide handout and educate

Question(s):

Patient/Family:
 Education for:

Patient Education: Enhanced Recovery After Surgery for Patients with Diabetes **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** Provide handout and educate patient

Question(s):

Patient/Family:
 Education for:

IMPACT product brochure: "Be Prepared for Surgery" **Frequency:** Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** Provide handout and educate patient

Question(s):

Patient/Family:
 Education for:

Diet - Low- carb clear liquid **Frequency:** Diet effective now **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Comments:** 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.

Question(s):

Diet(s): No Carbohydrate Clear Liquid
 Diet(s):
 Cultural/Special:
 Other Options:
 Other Options:
 Advance Diet as Tolerated?
 IDDSI Liquid Consistency:
 Fluid Restriction:
 Foods to Avoid:
 Foods to Avoid:

Case Request

Obstetric Surgery

DELIVERY, CESAREAN **Frequency:** Once **Phase of Care:** Scheduling/ADT **Priority:** Routine

Question(s):

Requested time:
 Special needs:
 Add on case?
 Clinical trial?
 Case Classification:
 PAT Needs?
 Pre-op diagnosis:
 CPT Codes:
 ERAS?

HYSTEROSCOPY, DIAGNOSTIC Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTEROSCOPY, WITH BIOPSY OR POLYPECTOMY Frequency: Once Phase of Care: Scheduling/ADT Priority:

Routine

Question(s):

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 Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

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 Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

DILATION AND CURETTAGE, UTERUS, DIAGNOSTIC Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTERECTOMY, VAGINAL, LAPAROSCOPIC-ASSISTED Frequency: Once Phase of Care: Scheduling/ADT

Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTERECTOMY, VAGINAL, LAPAROSCOPIC, ROBOT-ASSISTED Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

LIGATION, FALLOPIAN TUBE, BILATERAL, LAPAROSCOPIC Frequency: Once Phase of Care: Scheduling/ADT

Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

MYOMECTOMY, ABDOMINAL APPROACH Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

CERCLAGE, CERVIX, VAGINAL APPROACH Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Case request operating room Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

GYNECOLOGY SURGERY

HYSTEROSCOPY, DIAGNOSTIC Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

HYSTEROSCOPY, WITH BIOPSY OR POLYPECTOMY Frequency: Once Phase of Care: Scheduling/ADT Priority:

Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

HYSTEROSCOPY, WITH UTERINE ABLATION Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

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 Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

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, ABDOMINAL, LAPAROSCOPIC, ROBOT-ASSISTED Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

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 Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTERECTOMY, TOTAL, ABDOMINAL, LAPAROSCOPIC Frequency: Once Phase of Care: Scheduling/ADT

Priority: Routine

Question(s):

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 Frequency: Once Phase of

Care: Scheduling/ADT Priority: Routine

Question(s):

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 Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

DILATION AND CURETTAGE, UTERUS, DIAGNOSTIC Frequency: Once Phase of Care: Scheduling/ADT Priority:

Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

LEEP CONIZATION, CERVIX Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

SALPINGECTOMY Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Case request operating room Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

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 Frequency: Once Phase of Care: Scheduling/ADT Priority:

Routine

Question(s):

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 Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

CYSTO STENT INSERTION Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

CYSTO, WITH BLADDER BIOPSY Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

CYSTO, URETEROSCOPY Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL) Frequency: Once Phase of Care: Scheduling/ADT

Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

HYSTERECTOMY, VAGINAL, LAPAROSCOPIC-ASSISTED Frequency: Once Phase of Care: Scheduling/ADT

Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTERECTOMY, VAGINAL, LAPAROSCOPIC, ROBOT-ASSISTED Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTERECTOMY, VAGINAL Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

SLING, PUBOVAGINAL Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Case request operating room Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HM IP GYNECOLOGY ONCOLOGY SURGERY

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

HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

XI ROBOTIC ASSISTED LAPAROSCOPIC HYSTERCETOMY W/ BSO Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

ABDOMINAL HYSTERECTOMY, WITH POSSIBLE SALPINGO-OOPHORECTOMY Frequency: Once Phase of Care:

Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTERECTOMY, TOTAL, ABDOMINAL, LAPAROSCOPIC Frequency: Once Phase of Care: Scheduling/ADT

Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

HYSTERECTOMY, ABDOMINAL, LAPAROSCOPIC Frequency: Once Phase of Care: Scheduling/ADT Priority:

Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

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

SALPINGO-OOPHORECTOMY, LAPAROSCOPIC Frequency: Once Phase of Care: Scheduling/ADT Priority:

Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

EXCISION, MASS Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

LEEP CONIZATION, CERVIX Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Case request operating room Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

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 Frequency: Once Ordering Quantity: 1 Phase of Care: Pre-op Priority: Routine

Question(s):

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 Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Fall precautions Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Question(s):

Increased observation level needed:

Latex precautions Frequency: Continuous Phase of Care: Pre-op Priority: Routine

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

Seizure precautions Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Question(s):

Increased observation level needed:

Nursing**Vital signs**

Vital signs - T/P/R/BP Frequency: Per unit protocol Phase of Care: Pre-op Priority: Routine Comments: Per Guidelines of Care

Activity

Strict bed rest Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Bed rest with bedside commode Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine Comments: Patient to use bedside commode

Question(s):

Bathroom Privileges: with bedside commode

Bed rest with bathroom privileges Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Question(s):

Bathroom Privileges: with bathroom privileges

Ambulate with assistance Frequency: 3 times daily Phase of Care: Pre-op Priority: Routine

Question(s):

Specify: with assistance

Activity as tolerated Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Question(s):

Specify: Activity as tolerated

Nursing care

Obtain labs per anesthesia protocol Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Bathe with chlorhexidine Frequency: Once Phase of Care: Pre-op Priority: Routine

chlorhexidine (HIBICLENS) 4 % liquid Dose: 1 Application **Route:** Topical **Frequency:** once **Frequency Limit:** 1 Occurrences Phase of Care: Pre-op

Admin Instructions:

Bathe with chlorhexidine 4% (HIBICLENS)

Patient education incentive spirometry Frequency: Once Phase of Care: Pre-op Priority: Routine

Question(s):

Education for: Incentive spirometry

Patient/Family:

Use hover mat for patients with BMI greater than 30 Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Diet

NPO Frequency: Diet effective now Phase of Care: Pre-op Priority: Routine Comments: Clear Liquid intake is acceptable up to two hours before surgery

Question(s):

NPO: Except Sips with meds

Pre-Operative fasting options:

Process Instructions:

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

Consent

Complete Consent Form Frequency: Once Phase of Care: Pre-op Priority: Routine

Question(s):

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) infusion

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

lactated ringer's infusion Dose: 125 mL/hr Route: intravenous Frequency: once Frequency Limit: 1 Occurrences
Phase of Care: Pre-op
Admin Instructions:
Due to IV shortage, LR or NS will be administered based on availability

Medications

Pre-Operative Pain Medications

acetaminophen (TYLENOL) tablet Dose: 1000 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine

Admin Instructions:

to be given 1 hour before start of surgery

Product Admin Instructions:

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

celecoxib (CeleBREX) capsule Dose: 100 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op

Product Admin Instructions:

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

gabapentin (NEURONTIN) Dose: 600 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op

pregabalin (LYRICA) capsule Dose: 50 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op

Admin Instructions:

Swallow with a sip of water.

Antibiotics

Does your patient have a penicillin allergy?

No

Cefazolin 2 g

ceFAZolin (ANCEF) IV Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Priority: STAT

Question(s):

Indication: o Surgical Prophylaxis

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

Admin Instructions:

Administer within 60 minutes of incision; On Call to OR

Cefazolin 3 g

ceFAZolin (ANCEF) IV Dose: 3 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Priority: STAT

Question(s):

Indication: o Surgical Prophylaxis

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

Admin Instructions:

Administer within 60 minutes of incision; On Call to OR

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 Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

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

Indication:

Admin Instructions:

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. Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

Indication:

Admin Instructions:

For penicillin or beta-lactam allergic patients.

Section 2

levofloxacin (LEVAQUIN) IV Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

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:

Admin Instructions:

For penicillin or beta-lactam allergic patients.

Product Admin Instructions:

May cause QTc prolongation.

gentamicin (GARAMYCIN) IV Dose: 80 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

Indication:

Admin Instructions:

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 Dose: 5000 Units Route: subcutaneous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op

VTE

Labs Today

COVID-19 Qualitative PCR

COVID-19 qualitative RT-PCR - Nasal Swab Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine

Question(s):

Specimen Source: Nasal Swab

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

Specimen Source:

Hematology/Coagulation

CBC with differential Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood

Chemistry

Comprehensive metabolic panel Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Basic metabolic panel Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

hCG qualitative, serum Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

hCG quantitative, serum Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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 Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Bedside glucose Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood

hCG qualitative, urine Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Urine

Question(s):

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

Urinalysis, automated with microscopy Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Urine

Primary Ordering Comments:

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

Urinalysis screen and microscopy, with reflex to culture Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Urine

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

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

Pre-Op Studies

EKG

ECG Pre/Post Op Frequency: Once Phase of Care: Pre-op Priority: Routine Maximum Quantity: 6

Question(s):

Clinical Indications:

Interpreting Physician:

X-Ray

Chest 1 Vw Frequency: 1 time imaging Priority: Routine

Question(s):

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 Frequency: 1 time imaging Phase of Care: Pre-op Priority: Routine

Question(s):

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 Frequency: Once Phase of Care: Pre-op Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

Consult to Spiritual Care Frequency: Once Phase of Care: Pre-op Priority: Routine

Question(s):

Reason for consult?

Reason for Consult?

Process Instructions:

For requests after hours, call the house operator.

Additional Orders