

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?

**Bowel Prep and Antibiotics: Include if planned bowel work or severe endometriosis**

**Bowel Prep and Surgical Scrub prescriptions**

**Day 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 day 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.

**Laboratory: Preoperative Testing Labs**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

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.):

**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.):

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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**

**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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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.

**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:
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- 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:

**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:  
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:  
 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?

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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?

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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?

**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 GYNCOLOGY 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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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.

**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

**Surgical Prophylaxis – GYN Surgery/Hysterectomy**

**ceFAZolin (ANCEF) IV +/- metronidazole (FLAGYL) IV**

**Standard Prophylaxis: cefazolin (ANCEF) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

Indication:  Surgical Prophylaxis

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

**metronidazole (FLAGYL) IV** Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

Indication:  Surgical Prophylaxis

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

**clindamycin (CLEOCIN) IV and gentamicin (GARAMYCIN) IV**

**clindamycin (CLEOCIN) IV** Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

Indication:  Surgical Prophylaxis

**Gentamicin IV**

Patient Weight	Gentamicin Dose
<60 kg	320 mg
60-80 kg	400 mg
>80 kg	480 mg

\*Maximum pre-op dose 480 mg

Weight < 60 kg

**gentamicin (GARAMYCIN) IVPB** Dose: 320 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Surgical Prophylaxis

**Admin Instructions:**

Administer within in 30 minutes of incision. On call to OR.

Weight 60 - 80 kg

**gentamicin (GARAMYCIN) IVPB** Dose: 400 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Surgical Prophylaxis

**Admin Instructions:**

Administer within in 30 minutes of incision. On call to OR.

Weight > 80 kg

**gentamicin (GARAMYCIN) IVPB** Dose: 480 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Surgical Prophylaxis

**Admin Instructions:**

Administer within in 30 minutes of incision. On call to OR.

**Surgical Prophylaxis – GYN Surgery/Hysterectomy**

**ceFAZolin (ANCEF) IV +/- metronidazole (FLAGYL) IV**

**Standard Prophylaxis: cefazolin (ANCEF) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Surgical Prophylaxis

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

**metronidazole (FLAGYL) IV** Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Surgical Prophylaxis

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

**clindamycin (CLEOCIN) IV and gentamicin (GARAMYCIN) IV**

**clindamycin (CLEOCIN) IV** Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Surgical Prophylaxis

**Gentamicin IV**

Patient Weight	Gentamicin Dose
<60 kg	320 mg
60-80 kg	400 mg
>80 kg	480 mg

\*Maximum pre-op dose 480 mg

Weight < 60 kg

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**gentamicin (GARAMYCIN) IVPB Dose:** 320 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT  
**Question(s):**  
Indication:  Surgical Prophylaxis  
**Admin Instructions:**  
Administer within in 30 minutes of incision. On call to OR.

**Weight 60 - 80 kg**

**gentamicin (GARAMYCIN) IVPB Dose:** 400 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT  
**Question(s):**  
Indication:  Surgical Prophylaxis  
**Admin Instructions:**  
Administer within in 30 minutes of incision. On call to OR.

**Weight > 80 kg**

**gentamicin (GARAMYCIN) IVPB Dose:** 480 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT  
**Question(s):**  
Indication:  Surgical Prophylaxis  
**Admin Instructions:**  
Administer within in 30 minutes of incision. On call to OR.

**Surgical Prophylaxis – Uterine Evacuation**

**Standard Prophylaxis - doxycycline (VIBRAMYCIN) IV Dose:** 200 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Surgical Prophylaxis

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

**Admin Instructions:**

Administer within 60 minutes of incision.

**For Patients with Doxycycline Allergy - metronidazole (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Surgical Prophylaxis

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

**Admin Instructions:**

Administer within 60 minutes of incision.

**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**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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

**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?

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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**