

Location: _____

General

Common Present on Admission Diagnosis

- Acidosis** Frequency: Once Priority: Routine
- Acute Post-Hemorrhagic Anemia** Frequency: Once Priority: Routine
- Acute Renal Failure** Frequency: Once Priority: Routine
- Acute Respiratory Failure** Frequency: Once Priority: Routine
- Acute Thromboembolism of Deep Veins of Lower Extremities** Frequency: Once Priority: Routine
- Anemia** Frequency: Once Priority: Routine
- Bacteremia** Frequency: Once Priority: Routine
- Bipolar disorder, unspecified** Frequency: Once Priority: Routine
- Cardiac Arrest** Frequency: Once Priority: Routine
- Cardiac Dysrhythmia** Frequency: Once Priority: Routine
- Cardiogenic Shock** Frequency: Once Priority: Routine
- Decubitus Ulcer** Frequency: Once Priority: Routine
- Dementia in Conditions Classified Elsewhere** Frequency: Once Priority: Routine
- Disorder of Liver** Frequency: Once Priority: Routine
- Electrolyte and Fluid Disorder** Frequency: Once Priority: Routine
- Intestinal Infection due to Clostridium Difficile** Frequency: Once Priority: Routine
- Methicillin Resistant Staphylococcus Aureus Infection** Frequency: Once Priority: Routine
- Obstructive Chronic Bronchitis with Exacerbation** Frequency: Once Priority: Routine
- Other Alteration of Consciousness** Frequency: Once Priority: Routine
- Other and Unspecified Coagulation Defects** Frequency: Once Priority: Routine
- Other Pulmonary Embolism and Infarction** Frequency: Once Priority: Routine
- Phlebitis and Thrombophlebitis** Frequency: Once Priority: Routine
- Protein-calorie Malnutrition** Frequency: Once Priority: Routine
- Psychosis, unspecified psychosis type** Frequency: Once Priority: Routine
- Schizophrenia Disorder** Frequency: Once Priority: Routine
- Sepsis** Frequency: Once Priority: Routine
- Septic Shock** Frequency: Once Priority: Routine
- Septicemia** Frequency: Once Priority: Routine
- Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled** Frequency: Once Priority: Routine
- Urinary Tract Infection, Site Not Specified** Frequency: Once Priority: Routine

Case Request

- 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?

Sign: _____

Printed Name: _____

Date/Time: _____

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.

Nursing

Vitals

Vital signs - T/P/R/BP Frequency: Per unit protocol **Phase of Care:** Pre-op **Priority:** Routine **Comments:** On arrival and then routine

Activity

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

Question(s):

Specify: Activity as tolerated

Nursing

Height and weight Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** On Arrival and document

Consent

Complete consent for Frequency: Once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op **Priority:** Routine

Question(s):

Procedure: Orthotopic Cardiac Transplant

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?

Notify

Notify Transplant Cardiology Service Frequency: Until discontinued **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Transplant Cardiology Service at 713-441-1100 upon patient arrival to unit

Notify Transplant Coordinator On-Call Frequency: Until discontinued **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Transplant Coordinator On-Call at 713-441-5451 upon patient arrival to unit

Notify - Consultants of patient's location Frequency: Until discontinued **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Consultants of patient's location

Notify team if patient has taken Coumadin dose Frequency: Until discontinued **Priority:** Routine **Comments:** Notify team if patient has taken Coumadin dose

Diet

NPO Frequency: Diet effective now **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Give only specifically ordered medications

Question(s):

NPO: Except meds

Pre-Operative fasting options:

Process Instructions:

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

IV Fluids

Medications

Restricted Medications

No anti-platelet agents EXcluding aspirin Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** STAT

Question(s):

Reason for "No" order: Orthotopic heart transplant

No ketorolac (Toradol) Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** STAT

Question(s):

Reason for "No" order: Orthotopic heart transplant

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

No NSAIDs EXcluding aspirin Frequency: Until discontinued Phase of Care: Post-op Priority: STAT

Question(s):

Reason for "No" order: Orthotopic heart transplant

Preoperative Antibiotics

Ceftriaxone + Vancomycin

cefTRIAxone (ROCEPHIN) IV Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Admin Instructions:

On call to the operating room. Administer one hour prior to the opening incision.

Product Admin Instructions:

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

vancomycin (VANCOCIN) IV Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Phase of Care: Pre-op 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.:

Admin Instructions:

On call to the operating room. Administer one hour prior to the opening incision.

Aztreonam + Vancomycin - For severe beta-lactam allergy

aztreonam (AZACTAM) IV Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of

Care: Pre-op 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.:

vancomycin (VANCOCIN) IV Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Phase of Care: Pre-op 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.:

For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg

ceFAZolin (ANCEF) IV Dose: 2 g Route: intravenous 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.:

For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg

ceFAZolin (ANCEF) IV Dose: 3 g Route: intravenous 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.:

Intraoperative Medications

methylPREDNISolone (Solu-MEDROL) IVPB in 100 mL NS Dose: 1000 mg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT Minimum Infusion Duration: 15.000 Minutes

Admin Instructions:

Administer in OR by Anesthesiologist 15 minutes PRIOR to opening of aortic clamp.

basiliximab (SIMULECT) 20 mg in sodium chloride 0.9% 50 mL IVPB Dose: 20 mg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Phase of Care: Pre-op

Admin Instructions:

Note to Pharmacy: Once visual is good, coordinator will call.

Labs

COVID-19 Qualitative PCR

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

Routine Specimen Type: Nasal swab Comments: Potential transplant recipient in-house in preparation of transplant.

Question(s):

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

Specimen Source:

Laboratory STAT

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

CBC with platelet and differential Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences 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.

Comprehensive metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatic function panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Magnesium level Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Phosphorus level Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

LDH Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Uric acid level Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cholesterol Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Triglycerides Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Fibrinogen Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Platelet function analysis Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op 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.

West Nile virus antibody IgM, serum Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op 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.

HLA deceased donor Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Deceased Donor Crossmatch #1 - Recipient
Collect 5 Yellow Top (10ml); 2 Red Top (10ml)
HLA Allogeneic Crossmatch (XMHLA, PXMHL, PXMH2)
HLA Auto Crossmatch (AXMHL)
{Single Antigen Bead w/wo Dil:29123}
Perform C1q? {C1q (HC1Q):29520}

Donor OPTN (UNOS ID): ***

Urinalysis screen and microscopy, with reflex to culture Frequency: STAT Frequency Limit: 1 Occurrences 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.

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

HLA antibody testing - pre transplant Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:
Collect 1 Red Top tube (6 mL)

{HM IP HLAA LAB OPTIONS:28669}

HLA stored sample - crossmatch Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:
This is for a {Living/Deceased Donor:30992}

hCG qualitative, urine screen Frequency: STAT Frequency Limit: 1 Occurrences 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.):

Transmission Donor/Baseline Serology

HIV 1/2 antigen/antibody, fourth generation, with reflexes Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Human immunodeficiency virus 1 (HIV-1), quantitative PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Hepatitis B surface antigen Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B surface antibody Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B core antibody, total Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B virus (HBV), quantitative PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis C Virus (HCV) Antibody With Reflex to PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform regardless recipient HCV status

Hepatitis C virus (HCV), quantitative PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform regardless recipient HCV status

Transmission Donor/Baseline Serology

HIV 1/2 antigen/antibody, fourth generation, with reflexes Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

HIV-1 RNA, qualitative TMA Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Hepatitis B surface antigen Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B surface antibody Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B core antibody, total Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B virus (HBV), quantitative PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis C Virus (HCV) Antibody With Reflex to PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform regardless recipient HCV status

Hepatitis C virus (HCV), quantitative PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform regardless recipient HCV status

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

Blood Products

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

Prepare RBC Frequency: Blood - Once Frequency Limit: 1 Start Date: S Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Comments: This is a transplant patient. All blood products to be irradiated and leukocyte reduced If recipient is CMV Negative, then give only CMV Negative blood.

Question(s):

Transfusion Indications: Perioperative

Special Requirements: Irradiated

Transfusion date:

Prepare platelet pheresis Frequency: Blood - Once Frequency Limit: 1 Start Date: S Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Comments: This is a transplant patient. All blood products to be irradiated and leukocyte reduced. If recipient are CMV Negative, then give only CMV Negative blood.

Question(s):

Transfusion Indications: Perioperative

Special Requirements: Irradiated

Transfusion date:

Process Instructions:

Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.

Cardiology**Cardiology**

ECG 12 lead Frequency: Once Phase of Care: Pre-op Priority: STAT Maximum Quantity: 6

Question(s):

Clinical Indications: Other:

Other: Pre-operative

Interpreting Physician:

Imaging**Diagnostic X-Ray**

Chest 1 Vw Portable Frequency: 1 time imaging Phase of Care: Pre-op Priority: STAT Comments: on arrival to unit

Question(s):

Is the patient pregnant?

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

Other Studies**Respiratory****Respiratory**

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

Question(s):

Initial Device: Nasal Cannula

Titrate FiO2 to keep O2 Sat Above: 90%

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

Rehab**Consults**

For Physician Consult orders use sidebar

Additional Orders

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