

Location: _____

General**Nursing****Nursing**

Nursing communication Frequency: Until discontinued **Priority:** Routine **Comments:** Indication: ***, MELD Less than 20, Please verify INR: ***, Platelet Count:***

Nursing communication Frequency: Until discontinued **Priority:** Routine **Comments:** Indication: ***, MELD Greater than 20, Please verify INR: ***, Platelet Count:***

Consent

Complete consent for Frequency: Once **Start Date:** S **Priority:** Routine **Comments:** Ultrasound guided paracentesis to include risk for bleeding and infection

Question(s):

Procedure: Ultrasound guided paracentesis to include risk for bleeding and infection

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**IV Fluids**

sodium chloride 0.45 % infusion Dose: 75 mL/hr **Route:** intravenous **Frequency:** continuous

Admin Instructions:

Replace urine output with 0.5 mL IV fluid per mL of urine output.

Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion Dose: 75 mL/hr **Route:** intravenous

Frequency: continuous

Admin Instructions:

Replace urine output with 0.5 mL IV fluid per mL of urine output.

Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

Medications**Immunosuppressants**

methylPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 40 mg **Route:** intravenous **Frequency:** once

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

Admin Instructions:

On call to OR.

PreOp Antifungals**Select one of the following antifungals:**

nystatin (MYCOSTATIN) suspension: for Lab MELD LESS THAN or EQUAL to 21

Select this option for patients with Lab MELD LESS THAN or EQUAL to 21

nystatin (MYCOSTATIN) 100,000 unit/mL suspension Dose: 5 mL **Route:** oral **Frequency:** on call to O.R. **Frequency**

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

Question(s):

Indication: Surgical Prophylaxis

Admin Instructions:

For patients with Lab MEDS LESS than or EQUAL to 21; Swish and swallow on-call to OR.

Product Admin Instructions:

Swish in mouth

fluconazole (DIFLUCAN) tablet: for patients with hospital stay GREATER THAN 48 hours or Lab MELD GREATER THAN 21

Select this option for patients in hospital GREATER THAN 48 hours or with Lab MELD GREATER THAN 21

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

fluconazole (DIFLUCAN) tablet Dose: 400 mg Route: oral Frequency: on call to O.R. Frequency Limit: 1 Occurrences Phase of Care: Pre-op

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:

If in hospital GREATER THAN 48 hours or Lab MELD GREATER THAN 21; On-call to OR with sip of water

Product Admin Instructions:

May cause QTc prolongation.

voriconazole (VFEND) tablet: if patient in ICU or Lab MELD GREATER THAN or EQUAL to 30

Select this option for ICU patients or patients with Lab MELD GREATER THAN or EQUAL to 30

voriconazole (VFEND) tablet Dose: 200 mg Route: oral Frequency: on call to O.R. Frequency Limit: 1 Occurrences

Phase of Care: Pre-op

Question(s):

Indication: Surgical Prophylaxis

Indication:

Admin Instructions:

If patient is in ICU or Lab MELD GREATER THAN or EQUAL to 30; On-Call to OR with sip of water.

Product Admin Instructions:

May cause QTc prolongation.

PreOp Antibiotics**Select one of the following antibiotics:**

cefTRIAxone (ROCEPHIN) IV Dose: 2 g Route: intravenous Frequency: on call to O.R. Frequency Limit: 1 Occurrences

Start Date: S Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: ○ Surgical Prophylaxis

Admin Instructions:

Administer 1 hour prior to skin incision; to be dispensed in Dunn OR and administered by Anesthesia.

Product Admin Instructions:

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

levofloxacin (LEVAQUIN) IV solution - for Penicillin Allergic Patients Dose: 500 mg Route: intravenous Frequency: on call to O.R. 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.:

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

Admin Instructions:

Administer 1 hour prior to skin incision; to be dispensed in Dunn OR and administered by Anesthesia.

Product Admin Instructions:

May cause QTc prolongation.

Labs**Labs**

CBC with Platelet and Differential Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Fibrinogen Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Diagnostic Labs

Blood culture, aerobic and anaerobic x 2

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices (<https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>)

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

Blood culture, aerobic & anaerobic Frequency: Once Priority: Routine Specimen Type: Blood Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Blood culture, aerobic & anaerobic Frequency: Once Priority: Routine Specimen Type: Blood Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Gram stain only Frequency: Once Priority: Routine Specimen Type: Ascitic fluid Comments: Inject fluid directly into blood culture bottles immediately.

Cell count and differential, body fluid Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Ascitic fluid

Question(s):

Specimen Source:

Protein, misc fluid Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Ascitic fluid

Question(s):

Specimen Source:

Albumin level Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Ascitic fluid Maximum Quantity: 3

LDH, misc fluid Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Ascitic fluid

Question(s):

Specimen Source:

Amylase level Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Ascitic fluid Maximum Quantity: 3

Lipase level, misc fluid Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Ascitic fluid

Question(s):

Specimen Source:

Cytology (non-gynecological) request Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Peritoneal fluid Comments: YOU MUST SUBMIT A COMPLETED PAPER "PHYSICIANS ORDERS CYTOLOGY REQUISITION" AND SUBMIT TO THE LAB WITH THE SPECIMEN.

Question(s):

Collection Date: T

Collection Time: N

Specimen Source:

Specimen Type:

Special Stains:

Clinical History:

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

Process Instructions:

A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.

Cardiology

Imaging

Diagnostics US

Abdominal paracentesis by Radiology

US Abdominal Paracentesis Imaging Frequency: 1 time imaging Priority: Routine

Question(s):

Which type of procedure is this order for?

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

Process Instructions:

Current H & P--Labs needed-PT/INR, PTT & CBC-- past 30 days

- No ASA, Anti-coagulant therapy for 5 days prior to procedure plus 2 days after procedure.

Amylase level, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: o Paracentesis

Glucose level, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: o Paracentesis

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

LDH, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Protein, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Cell count and differential, body fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine
Specimen Type: Body fluid Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Albumin, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Creatinine level, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Triglycerides, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Bilirubin total, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

pH, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Lipase level, misc fluid Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Body fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Paracentesis

Flow cytometry evaluation Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Maximum
Quantity: 3 Comments: Specimen to be drawn in Interventional Radiology area. - Paracentesis

Question(s):

Specimen Type: Fluid

Panel:

Reason for evaluation:

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

AFB stain Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid
Comments: Specimen to be drawn in Interventional Radiology area.

AFB culture Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Aerobic culture Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Anaerobic culture Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Gram stain only Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid
Comments: Specimen to be drawn in Interventional Radiology area.

Mycoplasma pneumoniae by PCR Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine
Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Specimen Source: Peritoneal Fluid

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

Fungus culture Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid Comments: Specimen to be drawn in Interventional Radiology area.

Fungus smear Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid Comments: Specimen to be drawn in Interventional Radiology area.

Cytology (non-gynecological) request Frequency: Once Phase of Care: Imaging Proc. Labs Priority: Routine Specimen Type: Peritoneal fluid Comments: Specimen to be drawn in Interventional Radiology area.

Question(s):

Collection Date: S T

Collection Time: 31500 N

Specimen Source: Peritoneal

Specimen Type: Fluid

Special Stains:

Clinical History:

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

Process Instructions:

A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders