**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.

**Case Request**

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

○ **CREATION, AV FISTULA** **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?

○ **CREATION, AV FISTULA, UPPER EXTREMITY, DISTAL** **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?

○ **CREATION, AV FISTULA, USING GRAFT** **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?

○ **ARTERIOGRAM WITH ANGIOPLASTY, IF INDICATED** **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?

○ **FISTULOGRAPHY, DIALYSIS SHUNT, AND DECLOTTING** **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:**_____

○ **ENDARTERECTOMY, CAROTID** **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?

○ **ENDARTERECTOMY, FEMORAL** **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?

○ **REVISION, ARTERIOVENOUS GRAFT, WITH ANGIOGRAPHY** **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?

○ **VENOGRAM, EXTREMITY** **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?

○ **LOWER EXTREMITY ANGIOGRAM,POSSIBLE ANGIOPLASTY,POSSIBLE STENT** **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:**_____

○ **INSERTION, CATHETER, CENTRAL VENOUS, TUNNELED, FOR HEMODIALYSIS** **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?

○ **INSERTION, CATHETER, DIALYSIS, PERITONEAL, 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?

○ **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?

○ **Case request cath lab** **Frequency:** Once **Phase of Care:** Scheduling/ADT **Priority:** Routine
**Question(s):**
Is the PCI procedure to be performed at HMH Walter Cath lab?
Reason for exam ?
Preferred Time of Day:

**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**

**Nursing Care**

☐ **Complete consent for** **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?

☐ **Height and weight** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op **Priority:** Routine

**Nursing Communication**

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

☐ **If unable to draw blood peripherally, may use dialysis catheter.**

☑ **If unable to draw blood peripherally, may use dialysis catheter. Frequency:** Until discontinued **Priority:** Routine
**Comments:** If dialysis catheter is used for IV access, flush used port with Heparin per protocol.

☑ **HEParin (porcine) injection Dose:** 2000 Units **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Admin Instructions:**
Pack Port 1

☑ **HEParin (porcine) injection Dose:** 2000 Units **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
**Admin Instructions:**
Pack Port 2

☐ **No SCD's intraop Frequency:** Until discontinued **Phase of Care:** Pre-op **Priority:** Routine

**Diet and Fluids**

☑ **NPO Frequency:** Diet effective now **Phase of Care:** Pre-op **Priority:** Routine
**Question(s):**
NPO:
Pre-Operative fasting options:
**Process Instructions:**
An NPO order without explicit exceptions means nothing can be given orally to the patient.

☐ **dextrose 5%-0.45% sodium chloride infusion Route:** intravenous **Frequency:** continuous **Phase of Care:** Pre-op
**Admin Instructions:**
Start at midnight.

☐ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Dose:** 20 **Route:** intravenous **Frequency:** continuous **Phase of Care:** Pre-op
**Admin Instructions:**
Start at midnight.

☐ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Dose:** 20 **Route:** intravenous **Frequency:** continuous **Phase of Care:** Pre-op
**Admin Instructions:**
Start at midnight.

☐ **sodium chloride 0.9 % infusion Dose:** .9 **Route:** intravenous **Frequency:** continuous **Phase of Care:** Pre-op
**Admin Instructions:**
Start at midnight.

**IV Fluids**

☐ **Pre-procedure Hydration**

○ **Inpatient**

○ **sodium chloride 0.9% infusion Dose:** 125 mL/hr **Frequency:** continuous

○ **sodium chloride 0.9% infusion Dose:** .9 **Frequency:** continuous

○ **Inpatient**

○ **sodium chloride 0.9% infusion Dose:** 125 mL/hr **Frequency:** continuous

○ **sodium chloride 0.9% infusion Dose:** .9 **Frequency:** continuous

☐ **Intra-Procedure Hydration**

○ **Inpatient**

○ **sodium chloride 0.9% infusion Dose:** 125 mL/hr **Frequency:** continuous

○ **sodium chloride 0.9% infusion Dose:** .9 **Frequency:** continuous

**IV Fluids**

○ **sodium chloride 0.9 % infusion Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous

○ **lactated Ringer's infusion Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous

○ **dextrose 5 % and sodium chloride 0.45 % infusion Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous

○ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous

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

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

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

**Medications**

**Surgical Prophylaxis – Vascular Surgery**

○ **Standard Surgical Prophylaxis – For use in Patients Allergic to PCN**

☑ **Cefazolin 2 g**

☑ **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.:
**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: ○ 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

☐ **Vancomycin IV**

| Patient Weight | Vancomycin Dose |
|---|---|
| <80 kg | 1 g |
| 80-100 kg | 1.5 g |
| >100 kg | 2 g |

*Maximum pre-op dose 2 g

☑ **Weight < 80 kg**

☑ **Weight < 80 kg** **Dose:** 1 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.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight 80-100 kg**

☑ **Weight 80-100 kg** **Dose:** 1.5 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.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight >100 KG**

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

☑ **Weight 80-100 kg 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.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

○ **For use in Patients with Cephalosporin Allergy - Vancomycin + Gentamicin**

☑ **Vancomycin IV**

| Patient Weight | Vancomycin Dose |
|---|---|
| <80 kg | 1 g |
| 80-100 kg | 1.5 g |
| >100 kg | 2 g |

*Maximum pre-op dose 2 g

☑ **Weight < 80 kg**

☑ **Weight < 80 kg Dose:** 1 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.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight 80-100 kg**

☑ **Weight 80-100 kg Dose:** 1.5 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.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Weight >100 KG**

☑ **Weight 80-100 kg 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.:
**Admin Instructions:**
Administer within 120 minutes of incision; On Call to OR

☑ **Gentamicin IV**

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

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

*Maximum pre-op dose 480 mg

- [x] **Weight < 60 kg**
  - [x] **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.
- [x] **Weight 60 - 80 kg**
  - [x] **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.
- [x] **Weight > 80 kg**
  - [x] **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.

**Contrast Allergy**

- ○ **methylPREDNISolone (MEDROL) tablet** **Dose:** 32 mg **Route:** oral **Frequency:** daily **Frequency Limit:** 2 Occurrences **Phase of Care:** Pre-op
  **Admin Instructions:**
  Administer 12 hours and 2 hours PRIOR to surgery.
- ○ **methylPREDNISolone sodium succinate (Solu-MEDROL) injection** **Dose:** 40 mg **Route:** intravenous **Frequency:** every 4 hours **Phase of Care:** Pre-op
  **Admin Instructions:**
  Until surgery.
- ○ **diphenhydrAMINE (BENADRYL) injection** **Dose:** 50 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op
  **Admin Instructions:**
  Administer 1 hour PRIOR to surgery.

**VTE**

**Labs**

**Labs**

- [ ] **Type and screen** **Frequency:** Once **Phase of Care:** Pre-op **Priority:** Routine **Specimen Type:** Blood
- [ ] **Basic metabolic panel** **Frequency:** Once **Phase of Care:** Pre-op **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **CBC with platelet and 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.
- [ ] **Nursing communication: i-STAT** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op **Priority:** Routine
- [ ] **hCG qualitative, urine screen** **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.):

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

☐ **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.

☐ **Methicillin-Resistant Staphylococcus aureus (MRSA), NAA**

☑ **Methicillin-Resistant Staphylococcus aureus (MRSA), NAA**

☑ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** **Frequency:** Once **Priority:** Routine **Specimen Type:** Nares

☑ **MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time.**
@LASTLAB(MRSAPCR)@

☐ **MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time.** **Frequency:** Until discontinued **Priority:** Routine

☑ **MRSA PCR has been ordered within the last 7 days. This test has shown to retain high negative predictive value within this time interval.**
@LASTLAB(MRSAPCR)@

☐ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** **Frequency:** Once **Priority:** Routine **Specimen Type:** Nares

☑ **This patient has a positive MRSA PCR result within the last 7 days.**
@LASTLAB(MRSAPCR)@

☐ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** **Frequency:** Once **Priority:** Routine **Specimen Type:** Nares

☑ **Methicillin-Resistant Staphylococcus aureus (MRSA), NAA**
@LASTLAB(MRSAPCR)@

☑ **Methicillin-resistant staphylococcus aureus (MRSA), NAA** **Frequency:** Once **Priority:** Routine **Specimen Type:** Nares

☐ **Syphilis treponema screen with RPR confirmation (reverse algorithm)** **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.):

**Cardiology**

**Testing**

☐ **XR Chest 1 Vw Portable** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **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 **Frequency Limit:** 1 Occurrences **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.):

☐ **ECG 12 lead** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Start Date:** S **Start Time:** 0600 **Phase of Care:** Pre-op **Priority:** Routine **Maximum Quantity:** 6
**Question(s):**
Clinical Indications: ○ Pre-Op Clearance
Interpreting Physician:

**Imaging**

**Other Studies**

**Respiratory**

**Rehab**

**Consults**

For Physician Consult orders use sidebar

**Additional Orders**

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