Location: _____

General

Case Request

☐ **Case request operating room** **Frequency:** Once **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 **Priority:** Routine
Question(s):
Is the PCI procedure to be performed at HMH Walter Cath lab?
Reason for exam ?
Preferred Time of Day:

Nursing

Nursing Care

☐ **Complete consent for** **Frequency:** Once **Phase of Care:** Scheduling/ADT **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?

Nursing Communication

☐ **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:** Scheduling/ADT **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.

☑ **NPO - Midnight** **Frequency:** Diet effective midnight **Phase of Care:** Scheduling/ADT **Priority:** Routine
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.

☐ **sodium chloride 0.9 % infusion** **Dose:** .9 **Route:** intravenous **Frequency:** continuous **Phase of Care:** Scheduling/ADT
Admin Instructions:
Start at midnight.

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

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

IV Fluids

☐ **IV Fluids**

○ **sodium chloride 0.9 % infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Start Date:** S+1

○ **lactated Ringer's infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Start Date:** S+1

○ **dextrose 5 % and sodium chloride 0.45 % infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Start Date:** S+1

○ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Start Date:** S+1

○ **sodium chloride 0.45 % infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Start Date:** S+1

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

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**

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

☑ **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

○ **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**

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

- [x] **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

- [x] **Weight >100 KG**
  - [x] **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

- [x] **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

- [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.

- [ ] **IV - Hydration Protocol**
  - [ ] **Pre-Procedure**
    - ○ **Inpatient**
      - ○ **sodium chloride 0.9% infusion Dose:** 125 mL/hr **Frequency:** continuous
      - ○ **sodium chloride 0.9% infusion Dose:** .9 **Frequency:** continuous

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

○ **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

Contrast Allergy

○ **methylPREDNISolone (MEDROL) tablet Dose:** 32 mg **Route:** oral **Frequency:** daily **Frequency Limit:** 2 Occurrences
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
Admin Instructions:
Until surgery.

○ **diphenhydrAMINE (BENADRYL) injection Dose:** 50 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Administer 1 hour PRIOR to surgery.

VTE

Labs

Labs

☐ **CBC with platelet and differential Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Basic metabolic panel Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Prothrombin time with INR Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Partial thromboplastin time Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Phase of Care:** Scheduling/ADT **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.

☐ **Hemoglobin A1c Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Magnesium level Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Phosphorus level Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Prealbumin level Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Lipid panel Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Phase of Care:** Scheduling/ADT **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **hCG qualitative, urine screen Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Phase of Care:** Scheduling/ADT **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 screen and microscopy, with reflex to culture Frequency:** Once **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.

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

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

☑ **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 **Frequency Limit:** 1 Occurrences **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.):

Blood Products

Lab Draw

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

Cardiology

Testing

☐ **XR Chest 1 Vw Portable - Tomorrow AM** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Start Time:** 0600 **Phase of Care:** Scheduling/ADT **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 **Start Date:** S+1 **Start Time:** 0400 **Phase of Care:** Scheduling/ADT **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:**_____