

PRE-OPERATIVE PHYSICIAN ADMISSION ORDERS

Patient Name: _____ Birthdate: ____ / ____ / ____ Surgery Date: ____ / ____ / ____

M F Patient's Home Phone # _____ Patient's Work/Cell Phone # _____

Pre-Op Consult Y N Office Contact Phone # _____ Patient Admit Status: Inpatient SDP

Diagnosis: _____ ICD9: _____ CPT: _____

Consent For: _____

ALLERGIES: _____

Cell Saver Frozen Section Special Equipment Needed: _____

Consultation Obtained: Physician Name: _____ Anesthesiology Consult: Y N

LABORATORY ORDERS:

- CBC UA HCG Other
 BMP PTT BUN/Creat Other
 CMP PT/INR ABGs Other

BLOOD BANK

- Crossmatch # _____ Units
 Autologous # _____ Units
 Type and Screen Hold Clot

OTHER TESTS:

EKG → Cardiology to interpret CXR Other _____

OTHER PRE-OP ORDERS: Pre-Op Clip Foley in OR IV LR @ _____ ml/hr IV _____ @ ml/hr

Knee High Teds Physical Therapy Evaluation Home Health Evaluation SNF Evaluation

Thigh High Teds SCDs IS Teaching Special Needs: _____

PRE-OP ANTIBIOTICS: (Vancomycin is to be started within 2 hours prior to incision, ALL OTHER antibiotics given immediately before entering surgical or procedural suite.) Start antibiotic now for possible infection

Cefazolin 1gm IV (recommended for vascular, hysterectomy, hip or knee arthroplasty)

Cefazolin 1gm IV and Flagyl 500mg IV (recommended for colon surgery) **OR** Invanz 500mg IV (recommended for colon surgery)

Vancomycin 1gm IV (per infection control guidelines for current institutional MRSA rates)

Vancomycin 1gm IV (due to β-lactam allergy vascular, hip or knee arthroplasty)

Other Medications: _____

If patient is presently on a Beta-Blocker give _____, _____ mg dose if not taken
(name of medications)
 in last 24 hours and BP is > 110 systolic and pulse is > 60 BPM.

Code Status: _____ Notify Dr. _____ of Admission

OTHER ORDERS:

Physician Signature: _____ Date: ____ / ____ / ____ Time: _____

