



Physician's Orders
UPPER GASTROINTESTINAL PRE-SCHEDULED SURGERY - PRE-PROCEDURE

Page 1 of 2

Patient Name
DOB
MRN
Physician
FIN

Date of Surgery
Surgeon/Physician
Patient name Date of birth

REQUIRED: Prepare consent (Consent to read)

REQUIRED: Weight kilograms (only) REQUIRED: Allergies

PENICILLIN ALLERGY? No Yes, reaction

- No anaphylaxis. May give Cephalosporin
Anaphylaxis. No Cephalosporin

REQUIRED (must choose one): A.M. Admit: Admit to Inpatient Outpatient
Potential extended recovery (patient remains outpatient status, but may require overnight stay. Final determination to be made post procedure)

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

CONSULTS:

PHYSICIAN CONSULT:

Reason: Medical clearance. Name

PT CARE/ACTIVITY:

- Hair clipping pre-procedure in Surgical Center as indicated. Site
Chlorhexidine cloth (CHG) skin cleansing pre-procedure Site

TEDs: Knee high Thigh high

- Pneumatic compression device. Knee high bilaterally.
Comments: For surgical cases lasting greater than 60 minutes and/or high risk patients as defined by Anesthesia Guidelines.

NOTE: If patient does not meet the Spectrum Health criteria above and you still want them placed, then SCD's must be ordered below.

Pneumatic compression device:

- Knee high, bilaterally
Knee high, right leg
Knee high, left leg

- Protocol - pre-procedure anesthesia orders: Pre-procedure - May initiate pre-operative anesthesia orders (include laboratory and diagnostic tests)

LABORATORY:

All labs will be completed using Anesthesia Guidelines. Any orders checked below will be completed on Admission Day of Surgery, in addition to prior lab testing required by the Anesthesia Guidelines.

- Basic metabolic panel CMP
CBC with diff. CBC without diff.
Mg blood level Protime (with INR)
PTT Urinalysis (UA)
UA, culture if indicated Lytes
Blood type, ABO/Rh typing
TYPE AND SCREEN: PRBC's number of units (align)
Hemoglobin A1c level
POC pregnancy test urine (SH Grand Rapids)
Pregnancy qualitative urine (Other locations)

POC GLUCOSE TESTING:

For all patients with known diabetes
Obtain Glucose POC once, then every 2 hours

NOTIFY:

- Anesthesia, if blood glucose is greater than 180 or less than 70

DIAGNOSTICS:

- Electrocardiogram (ECG)

IV SOLUTIONS:

- 1% lidocaine 0.25 to 2 mL ID for IV starts
Lactated ringers solution 1000 mL IV, 100 mL/hour
0.9% sodium chloride 1000 mL IV, 100 mL/hour

Telephone order/Verbal order documented and read-back completed. Practitioner's initials

CONTINUED ON PAGE 2

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

Table with 4 columns: TRANSCRIBED (TIME, DATE), VALIDATED (TIME, DATE), ORDERED (TIME, DATE), and Pager #. Includes Sign, R.N. Sign, Physician Print, and Physician fields.

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UPPER GASTROINTESTINAL PRE-SCHEDULED SURGERY - PROCEDURE (CONTINUED)

Patient Name

DOB

MRN

Physician

FIN

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

MEDICATIONS:

ANTIMICROBIALS (PROPHYLACTIC):

- Cefazolin 2 grams IV, if patient is less than 120 kg administered per anesthesia
Cefazolin 3 grams IV, if patient is greater than or equal to 120 kg administered per anesthesia

PENICILLIN (PCN) ALLERGY:

FOR IMMEDIATE TYPE PENICILLIN ALLERGY:

- Clindamycin PLUS Ciprofloxacin
Clindamycin 900 mg IV administered per anesthesia
Ciprofloxacin 400 mg IV administered per anesthesia

FOR CURRENT OR HISTORY OF MRSA COLONIZATION OR MRSA RISK FACTORS:

[residence in long-term healthcare facility (not assisted living), HD patient, tracheostomy or gastrostomy tube, chronic decubitus ulcer or wound, long term vascular access]:

- Vancomycin (start administration within 120 minutes before skin incision):
1 gram IV, if patient is less than 70 kg administered per anesthesia
1.5 grams IV, if patient is 70-100 kg administered per anesthesia
2 grams IV, if patient is greater than 100 kg administered per anesthesia

PREPS:

- Enema: Type \_\_\_\_\_ Time \_\_\_\_\_

MEDICATIONS: (CONTINUED)

VTE PROPHYLAXIS:

- Enoxaparin 40 mg subQ upon arrival
NOTE: If spinal or epidural anesthesia, or peripheral nerve block are planned, DO NOT use enoxaparin. Use subQ heparin instead.
Heparin 5000 unit(s) subQ upon arrival

BETA BLOCKER:

- Continue current therapy with sips of water in AM. Contact anesthesia for order if patient did not continue beta blocker therapy
Medication \_\_\_\_\_
Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_

RESPIRATORY:

- Incentive spirometer

OTHER:

- NOTE: For any additional orders: handwritten clearly or type below. Must check the box for order to be processed.

- Five empty checkboxes for additional orders

- NOTE: If there is a frequent order that needs to be added to your form, contact Grand Rapids Spectrum Health Surgical Pre-procedure Planning Manager or Surgical Nurse Manager.

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