

Physician's Orders

SURGERY - PRE-PROCEDURE	MRN
Page 1 of 2	Physician
Date of Surgery	FIN
Surgeon/Physician	
	Date of birth
REQUIRED: Prepare consent (Consent to read)	
REQUIRED: Weightkilograms (only) REQUIRED: Aller	gies
PENICILLIN ALLERGY? ☐ No ☐ Yes, reaction ☐ No anaphylaxis. May give Cephalosporin ☐ Anaphylaxis. No Cephalosporin	
REQUIRED (<i>must choose one</i>): ☐ A.M. Admit: Admit to Inpatient ☐ Outpatient ☐ Potential extended recovery (patient remains outpatient status, but may rec	quire overnight stay. Final determination to be made post procedure)
ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.	
CONSULTS: PHYSICIAN CONSULT: Reason: Medical clearance. Name Reason: Consult surgical pain service for block 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

Patient Name

DOB

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.

TRANSCRIBED:		VALIDATED:		ORDERED:			
TIME	DATE	TIME	DATE	TIME	DATE	Pager #	
	Sign		R.N. Sign		Physician Print	Phys	sician

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UROLOGY/GYNECOLOGY PRE-SCHEDULED SURGERY - PRE-PROCEDURE (CONTINUED)

Page 2 of 2

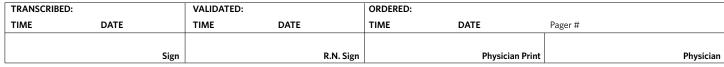
ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

ALL DESIRED ORDERS MOST BE CHECKED OR COMPLETED.	
MEDICATIONS:	MED
GYNECOLOGIC PROCEDURES (WITH OR WITHOUT SLING):	Р
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	٧
FOR IMMEDIATE TYPE PENICILLIN ALLERGY: ☐ Gentamicin PLUS Metronidazole: • Gentamicin 5 mg/kg IV administered per anesthesia • Metronidazole 500 mg IV administered per anesthesia	R
SYNTHETIC PUBOVAGINAL SLING:	В
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	
FOR IMMEDIATE TYPE PENICILLIN ALLERGY: ☐ Ciprofloxacin 400 mg IV administered per anesthesia	OTH N
INTERSTIM SACRAL NEUROMODULATION DEVICE PROCEDURE:	
ANTIMICROBIALS (PROPHYLACTIC): • 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	NOT
FOR GRAM NEGATIVE ACTIVITY ADD : Gentamicin 5 mg/kg IV administered per anesthesia	
FOR ALL PROCEDURES: 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	

	Patient Name		
	DOB		
	MRN		
	Physician		
	FIN		
MEDICATIO	NS: (CONTINUE	D)	
PREPS:			
			Time
VTE PRO En NO arri He RESPIRA Inc BETA BLO an th Do OTHER:	PPHYLAXIS (PHA noxaparin 40 mg sorte: If spinal or e e planned, DO NO eparin 5000 unito TORY: centive spiromete on the properties of the properties of the erapy edication	RMACOLOGIC) subQ upon arriva pidural anesthes OT use enoxapari (s) subQ upon arr er erapy with sips or r if patient did no	l ia, or peripheral nerve block n. Use subQ heparin instead.
Ц			
Gene	contact Grand R Planning Manag A PLAN <i>(GERBE</i>	apids Spectrum I er or Surgical Nu R HOSPITAL ONL	· ·
☐ Spina ☐ Epidu ☐ Regio Anesi ☐ Surge	l ral nal block. Transfe thesia Provider	r to post procedu	ure pain management to the ysician's Orders and

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

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



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