Patient Name: _____ Date of Birth: _____

Allergies: _____

Diagnosis/ Procedure: _____

Consent to read: _____

NURSING INTERVENTIONS: (Check box to activate)

- ☐ SCDs
- ☐ TED hose
- ☐ Chemstick if diabetic

☐ History & physical: ☐ Dictated Date: _____ Time: _____ Dictation #: _____
☐ Sent to Admitting ☐ Sent to PCU ☐ ActiveFax to scheduler

☐ Consent: ☐ Sent with patient ☐ Sent to Admitting ☐ Sent to PCU ☐ Sent to OPS ☐ ActiveFax to scheduler

DIETARY: NPO

IV THERAPY: (Check box/ fill in to activate)

☐ Lactated Ringers to infuse at _____ mL/ hour

LABORATORY/ DIAGNOSTICS: (Check box to activate)

☐ ABG ☐ CBC ☐ CBC w/ Diff ☐ ECG ☐ Hematocrit ☐ Comprehensive Metabolic Panel
☐ PT/ INR ☐ Renal Function Panel ☐ Serum Pregnancy Test

MEDICATIONS: (Check box to activate)

☐ ceFAZolin (ANCEF) 1 g IV X 1 preop. If 80 kg or greater, increase to 2 g. If allergic, clindamycin 600 mg IV X 1 preop. If 80 kg or greater, increase to 900 mg *Antibiotic must be given within 60 minutes prior to incision.*	Prophylaxis Antibiotic
☐ gabapentin (NEURONTIN) 200 mg PO X 1 preop with sip of water	Pain Adjunct
☐ ketorolac (TORADOL) 15 mg IV X 1 preop	Pain/ Inflammation

_____ _____ _____
Physician Signature Date Time

P H Y S I C I A N O R D E R

OVERLAKE Hospital Medical Center
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