

Patient Name: _____ DOB: _____
 Allergies: NKDA _____
 Diagnosis: _____ Procedure Date: _____
 Consent to Read: _____

History & Physical Dictation #: _____ Status: Inpatient Same Day Care (SDC)
 (Check boxes/ fill in fields to activate. Line through to cancel pre-checked orders)

NURSING INTERVENTIONS:

- SCDs
- OK for patient to take PO meds with sips of water

DIETARY:

- NPO
- NPO after MN → Diet prior to Midnight: Regular Full Liquid Clear Liquid

IV THERAPY:

- Lactated Ringers to infuse at 100 mL/ hour. If renal failure on dialysis, change to Normal Saline to infuse at 10 mL/ hour

LABORATORY/ DIAGNOSTICS:

- Fingertick Blood Glucose on all diabetic patients
- CBC CBC w/ Diff Hematocrit PT/ INR
- Complete Metabolic Panel Basic Metabolic Panel Renal Panel Urinalysis (culture if indicated)
- Pregnancy Test, Urine Pregnancy Test, Serum
- ECG Chest X-Ray PA & Lateral → Reason: _____

Other: _____

BLOOD: Type and Screen (determines Hemosafe eligibility). If not Hemosafe-eligible, then order 2 units RBC or: _____ units
(Hemosafe-ineligible means history of antibodies, so pre-ordering RBCs ensures blood is available on site. Hemosafe-eligible means blood is immediately available when transfusion is ordered.)

MEDICATIONS:

<input type="checkbox"/> heparin 5000 units subcutaneously X 1. Give 1 – 2 hours prior to surgery <input type="checkbox"/> dalteparin (FRAGMIN) 2500 units subcutaneously X 1. Give 1 – 2 hours prior to surgery	VTE Prophylaxis
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Check only one box below: Antibiotics must be given within 60 minutes prior to incision

<input type="checkbox"/> metronIDAZOLE (FLAGYL) 500 mg IV X 1 preop AND ceFAZolin (ANCEF) 1 g IV X 1 preop. If 80 kg or greater, increase ceFAZolin to 2 g <input type="checkbox"/> ampicillin/ sulbactam (UNASYN) 1.5 g IV X 1 preop. If 80 kg or greater, increase ampicillin/ sulbactam to 3 g <input type="checkbox"/> ceFOXitin (MEFOXIN) 1 g IV X 1 preop. If 80 kg or greater, increase ceFOXitin to 2 g If beta-lactam allergic: (do not choose unless documented allergy) <input type="checkbox"/> clindamycin 900 mg IV X 1 preop AND aztreonam 1 g IV X 1 preop. If 80 kg or greater, increase aztreonam to 2 g	Routine Intra-abdominal Prophylaxis Antibiotic
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 Physician Signature Date Time

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

