

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

History & Physical Dictation #: _____ Status: Inpatient Same Day Care (SDC)

NURSING INTERVENTIONS: (Line through to cancel pre-checked orders)

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

DIETARY: (Check box to activate)

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

IV THERAPY: (Line through to cancel pre-checked order)

- 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: (Check box/ fill in to activate. Line through to cancel pre-checked order)

- Fingerstick 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: (Check box to activate)

<input type="checkbox"/> heparin 5000 units subcutaneously X 1. Give 1 – 2 hours prior to surgery	VTE Prophylaxis
<input type="checkbox"/> dalteparin (FRAGMIN) 2500 units subcutaneously X 1. Give 1 – 2 hours prior to surgery	
<input checked="" type="checkbox"/> ceFAZolin (ANCEF) 1 g IV X 1 preop. If 80 kg or greater, increase to 2 g If allergic, change to clindamycin 900 mg IV X 1 <i>Antibiotic must be given within 60 minutes of incision</i>	Prophylaxis Antibiotic

 Physician Signature Date Time

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

