

## Physician's Pre-Operative Orders



Location: $\Box$ Land	ler □ Riverton		Procedure Date:		
	□Outpatient	☐ Inpatient	☐ Outpatient in	a Bed (OIB)	
Patient Legal Name:		DOB:	W	eight:	
Phone Number: Guardian:					
Allergies: ☐ None ☐ Yes – List:					
(with reactions)					
Planned Procedure(s)/CPT Codes:					
Provisional DX:				ion of Procedure:	
Assisting Physician: Positioning:					
			□ Pre-op Regi	onal Pain Block by Anesthesia	
Anesthesia	: ☐ General ☐ Lo	cal / Sedation	ional 🗆 Spinal	□ TIVA □ MAC	
LABORATORY ORDERS □ To be completed by outside lab					
			☐ Tx Match Unit		
			☐ Urine Preg Test /s In	24 hours of surgery	
		Other:			
Special Instructions:					
RADIOLOGY					
□ Acetaminophenmg PO Once □ Liquid Acetaminophen PO Dose Per Weight					
PRE-OP ANTIBIOTICS (administer within one hour prior to surgical incision)					
□ ceFAZolin 2 grams IV □ ceFAZolin 3 grams IV (for pt wt ≥ 120 kg) □ ceFOXitin 2 grams IV					
□ Other:					
Colorectal Surgeries: add adjunct antibiotic   Metronidazole 500 mg IV					
β-lactam Allergy: □ Clindamycin 900 mg IV □ Vancomycin 15 mg/kg IV (Max dose 2000 mg)					
INTRA-OP MEDS					
☐ <b>Joint Cocktail Injection</b> (Ropivicaine 0.2% 100mL / Ketoralac 30mg 1mL / Clonidine 1 mL / Epinephrine 0.5mL)					
PHYSICIAN ORDERS					
NPO Status: ☐ After midnight night prior ☐ Clear Liquids up to 4 hours prior to arrival to facility					
□Glucometer blood sugar check prior to surgery (all diabetic patients)					
☐Standard Isolation	☐ Other Isolation:				
□Other:					
VTE PROPHYLAXIS					
□ SCD prior to induction of anesthesia □ No SCD (procedures less than 30 minutes and low clinical risk)					
☐ Enoxaparin	mg subQ x 1	_ mg subQ x 1 □ Heparin units subQ x 1			
□ Reason for NOT administering VTE Prophylaxis:					
L					
Physician Signature:			Date:	Time:	
· ·					
Patient Name:	HS0	C: Account #:	Patient Sticker	MR#:	
DOB:Date Admitted:			^.L. IVID	<del></del>	