

Hospitalize as:  Outpatient (SDS)  Outpatient Ext. Stay Overnight < 24 hours  Inpatient (AM Admit) Overnight > 24 hours  Inpatient

Care of Dr. \_\_\_\_\_

<b>Patient Name</b>		<b>Date of Procedure</b>		<b>Admit Date</b>			
<b>DOB</b>	<b>Home Phone</b>	<b>Work Phone</b>		<b>If patient is a minor, name a parent</b>			
<b>Surgeon</b>		<b>Assistant</b>		<b>Primary Care Physician</b>			
<b>Procedure</b>							
<b>Diagnosis</b>			<b>Discharge Planning Consults</b> P.T.                      % WT bearing				
<input type="checkbox"/> <b>Hospitalist Pre-assessment Clinic</b> <input type="checkbox"/> <b>Medical Co-Management ordered</b> <input type="checkbox"/> <b>Anesthesia Consult ordered</b>			<b>Special Instructions</b>				
	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
<b>Preop Visit with Surgeon</b>		4666 Comp Metabolic Panel					
		165 Electrolytes					
<b>Medical Eval by PCP</b>		518 CBC w/diff					
		641 UA, C & S if indicated					
Notes		42 Type & Screen					
		24 Type & Cross ____ Units					
		24 Autologous Donation ____ Units					
		516 APTT – No Anticoagulant Therapy					
Surgical Consent		517 APTT –w/ Anticoagulant Therapy					
History & Physical		514 PT – No Anticoagulant Therapy					
Anesthesia Questionnaire		515 PT – w/ Anticoagulant Therapy					
Anesthesia Consent		450 HCG Qualitative					
PAS Notes		Other					
		Interpreted ECG					
		Interpreted CXR: <b>Must List Reason</b>					
			Anesthesiologist Signature (if testing ordered)				

**PRE-OP ORDERS:** Give all pre-op antibiotics within 1 hour of incision (unless otherwise noted).

- Chlorhexidine Gluconate 2% Skin Prep Protocol

**NOTE:** Use alternative agent if patient has any cephalosporin allergy or a "Type 1" allergy to Penicillin (hives, angioedema, anaphylaxis)

- Cefazolin (Ancef)– **NOTE: Consider adding Vancomycin to Cefazolin for pts at high risk for Methicillin-Resistant Staph aureus (MRSA).**

- 2 gram IV if patient weight less than 120 kg
- 3 gram IV if patient weight 120 kg or greater

*Alternative* for patients with Beta lactam allergy:

- Clindamycin 900 mg IV

-----OR-----

**Use Vancomycin instead of Clindamycin if at high risk for Methicillin-Resistant Staph aureus (MRSA):**

- Vancomycin 15 mg/kg IV (Max 2 gm/dose). Round up to nearest 250 mg. Start infusion 1–2 hours prior to incision. Dose may require 2 hour infusion time or longer. If in-patient, start on unit. Confirm start time with O.R.
- Compression boots
- Beta Blocker Protocol**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date/Time**

Wentworth-Douglass Hospital  
PHYSICIAN ORDERS  
PRE-ADMISSION SERVICES  
**VASCULAR ORDERS**



PO0020

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