

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

Care of Dr. _____

Patient Name		Date of Procedure					Admit Date
DOB	Home Phone	Work Phone		If patient is a minor, name a parent			
Surgeon		Assistant		Primary Care Physician			
Procedure							
Diagnosis				Discharge Planning Consults P.T. % WT bearing			
Co-morbidities <input type="checkbox"/> Hospitalist Pre-assessment Clinic <input type="checkbox"/> Medical Co-Management ordered <input type="checkbox"/> Anesthesia Consult ordered				Special Instructions			
	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Preop Visit with Surgeon		4666 Comp Metabolic Panel					
		165 Electrolytes					
Medical Eval by PCP		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: Must List Reason					
			Anesthesiologist Signature (if testing ordered)				

PRE-OP Orders: Give all pre-op antibiotics within 1 hour prior to incision. Please check to activate:

- KUB on arrival
- Chlorhexidine Gluconate 2% skin prep protocol

NOTE: If allergy to cephalosporins or type 1 PCN allergy (hives, angioedema, anaphylaxis) do not use cefazolin or cefoxitin.

- Cefazolin (Ancef) – Pharmacy will determine dose based on weight
 - 2 gram IV if patient weight is less than 120 kg
 - 3 gram IV if patient weight is 120 kg or greater
- Cefoxitin 2 gram IV x 1
- Ciprofloxacin 500 mg PO x 1
- Ciprofloxacin 400 mg IV x 1 (Infuse over 1 hour)
- Levaquin 500 mg PO x 1
- Levaquin 500 mg IV x 1 (Infuse over 1 hour)
- Gentamicin 5 mg/kg IV x 1 – based on "dosing weight" if patient obese

Physician Signature

Date/Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS
PRE-ADMISSION SERVICES
UROLOGY



PO0020

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