

Hospitalize as: <input type="checkbox"/> Outpatient (SDS) <input type="checkbox"/> Outpatient (Ext) Overnight < 24 hours <input type="checkbox"/> Inpatient (AM Admit) Overnight > 24 hours <input type="checkbox"/> Inpatient Care of Dr. _____							
Patient Name					Date of Procedure		
DOB		Home/Cell Phone		Work Phone		If patient is a minor, name a parent	
Surgeon			Assistant			Primary Care Physician	
Procedure:							
Diagnosis:							
Co-morbidities				Special Instructions			
<input type="checkbox"/> Hospitalist Pre-Assessment Clinic <input type="checkbox"/> Medical Co-Management Order <input type="checkbox"/> Anesthesia Consult Order							
	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Preop Visit with Surgeon		4666 Comp Metabolic Panel					
		518 CBC w/diff					
Medical Eval by PCP		42 Type & Screen					
BMI		450 HCG Qualitative					
		Other:					
Surgical Consent							
History & Physical							
Anesthesia Questionnaire		Interpreted ECG					
Anesthesia Consent		Interpreted CXR: Must List Reason					
PAS Notes			Anesthesiologist Signature (if testing ordered)				

● For Cesarean Section patients, do not activate below orders. Refer to Physician order #: 6080-309MR

PRE-OP ORDERS: All "pre-checked" orders will be enacted unless a specific order is written to the contrary:

- | | |
|--|--|
| <input type="checkbox"/> Offer patient Reiki treatment pre-operatively; do not delay surgery for Reiki treatment.
<input type="checkbox"/> Vitagel Protocol
<input type="checkbox"/> For Moderate Sedation, start IV of LR 1000ml KVO
<input checked="" type="checkbox"/> Chlorhexidine Gluconate 2% skin prep protocol | <input type="checkbox"/> Transversus Abdominis Plane Block (TAP Block)
<input type="checkbox"/> Ketorolac (Toradol) 30 mg IV on-call to OR. Hold if allergic to aspirin or NSAIDS. Reduce dose to 15mg IV in patients 65 years or older, or weight less than 50kg, or CrCl less than 30ml/minute. |
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Medications: Check to activate. Give all pre-op antibiotics within 1 hour of incision

NOTE: Use alternative* agents if patient has any cephalosporin allergy or a "type 1" allergy to penicillin (hives, angioedema, anaphylaxis)

- ☐ Cefazolin (Ancef)
- 2 gram IV if patient weight is less than 120 kg
 - 3 gram IV if patient weight is 120 kg or greater

*Alternative for patients with Beta-lactam allergy:

- ☐ Clindamycin 900mg IV **PLUS** Gentamicin 5 mg/kg IV (based on "Dosing Weight" if obese)
- OR---
- ☐ Metronidazole 500 mg IV **PLUS** Ciprofloxacin 400 mg IV

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- ☐ Lorazepam (Ativan) 1 mg PO PRN X 1 for anxiety after Anesthesia evaluation
- ☐ Phenazopyridine (Pyridium) 100mg PO with sip of water, 30 minutes prior to surgery
- ☐ Aprepitant (Emend) 40 mg PO with sip of water, 30 minutes prior to surgery
- ☐ Acetaminophen (Tylenol) 1000 mg PO with sip of water, 30 minutes prior to surgery
- ☐ Heparin 5000 units subcutaneously on call to OR

Physician Signature

Date/Time

Wentworth-Douglass Hospital
 PHYSICIAN ORDERS
GYNECOLOGIC SERVICES
SAME DAY SURGERY – AM ADMIT



PO0020

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