

Hospitalize as: Inpatient Outpatient/Observation Care of Dr. _____

Patient Name		Date of Procedure	(Circle) SDS INT OBV AM Adm IP/CCU	Admit Date
DOB	Home Phone	Work Phone	If patient is a minor, name of parent	
Patient's Language	Patient's Point of Contact	Relationship to Patient AND phone number		
Surgeon		Assistant	Primary Care Physician	
Procedure				
Diagnosis				

Thoracic Procedure			
	Thoracotomy	R	L
	Thoracoscopy	R	L
	Lobectomy	R	L
	Pleurodesis	R	L
	PleuRx Catheter	R	L
	Wedge Resection	R	L
	Mediastinoscopy		
	Bronchoscopy		
	Other Procedure:		

Time Required for Procedure
1 hour
2 hour
3 hour
4 hour
Other:

Pre-Op Special Request Needs
Same Day Surgery
A.M. Admit
First Assistant
General Anesth
Frozen Section
Epidural

Medications to Hold Prior to Surgery:
Coumadin: _____ Days
Plavix: _____ Days
Aspirin/NSAIDS _____ Days
Pradaxa _____ Days
Xarelto _____ Days
Other: _____ / _____ Days

Consults Ordered by Surgeon	Date / Time
Anesthesia Consult	
Hospitalist or PCP Consult	
Pulmonologist Consult	
Other:	

To be completed by POPS Only	Date
Pre-Op visit with Surgeon	
Medical Evaluation by PCP	
Surgical Consent	
History & Physical	
Anesthesia Consent	
Notes/PAS:	

Pre-Op Labs
EKG Interpreted
Comprehensive Metabolic Panel
CBC w/Diff
Type and Screen
Cross Match 2 Units of Blood
PT/INR

Pre-Op Orders: Give all pre-op antibiotics within 1 hour of incision (unless otherwise noted).
ALLERGIES:
<ul style="list-style-type: none"> ● Chlorhexidine Gluconate 2% Skin Prep Protocol <p>NOTE: Use alternative agent if patient has any cephalosporin allergy or a "Type 1" allergy to Penicillin (hives, angioedema, anaphylaxis)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cefazolin (Ancef)– NOTE: Consider adding Vancomycin to Cefazolin for pts at high risk for Methicillin–Resistant Staph aureus (MRSA) <ul style="list-style-type: none"> ● 2 gram IV if patient weight less than 120 kg ● 3 gram IV if patient weight 120 kg or greater <i>Alternative for patients with Beta lactam allergy:</i> <input type="checkbox"/> Clindamycin 900 mg IV -----OR----- <i>Use Vancomycin instead of Clindamycin if at high risk for Methicillin–Resistant Staph aureus (MRSA):</i> <input type="checkbox"/> Vancomycin 15 mg/kg IV (Max 2 grams). 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.
Sequential Compression Device
Heparin 5000 units SC X 1 to be given in OR after epidural placement with permission of anesthesiologist
Other:

Physician's Signature _____

Date / Time _____

Wentworth–Douglass Hospital
 PHYSICIAN ORDERS
 Pre–Admission Services
 Thoracic Surgery



PO0020

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