

Hospitalize as: ☐ Outpatient (SDS) ☐ Outpatient (Ext) 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 of incision unless otherwise noted. Check to activate each order desired.

- Chlorhexidine Gluconate 2% pre-op skin prep protocol ☐ Acetaminophen 1 gram PO with sip of water 15 minutes prior to surgery

Use the following if no 'Type 1' allergy to Pencillin (hives, angioedema, anaphylaxis) or any allergy to cephalosporins.

- FOR Non-gastric, Non-biliary, Non-colorectal:

- ☐ 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

- FOR gastric/biliary/colorectal surgery:

- ☐ Cefoxitin (Mefoxin) 2 gram IV – **NOTE – Consider adding Vancomycin to Cefoxitin for patients at high risk for MRSA.**

Alternative for patients with Beta lactam allergy.

- ☐ Hernia: Clindamycin 900 mg IV

- ☐ All others: Clindamycin 900 mg IV **PLUS** Gentamicin 5 mg/kg IV (based on "dosing weight" if obese)

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

- ☐ Vancomycin 15 mg/kg (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 OR.

- SCD to be applied pre-operatively
- For all sentinel node procedures, 30 minutes prior to scheduled injection apply 4% LMX (Lidocaine) cream, covering the area to be injected. Cover with tegaderm.
- PT consult & evaluation and treat Pre-Op in SDS for ALL Mastectomies, Axillary Dissections (possible and planned), Sentinel Node Excisions including patients with a Melanoma of the Upper Extremity or Trunk having an Axillary Node or Sentinel Lymph Node Biopsy.

PHYSICIAN SIGNATURE

DATE / TIME

Wentworth-Douglass Hospital
PHYSICIAN ORDERS
PRE-ADMISSION SERVICES
GENERAL SURGERY



PO0020

6225-08MR
Rev. 05/15/17