

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:

NOTE: Use service-specific form (Surgery, Vascular, GYN, etc.) for pre-op orders if available as the antibiotics on this order may not be all inclusive for each procedure.

- Chlorhexidine Gluconate 2% skin prep protocol for plastic surgery below neck.
- Give all pre-op antibiotics within 1 hour of incision (*unless otherwise noted*).
- Use alternative agent if patient has any cephalosporin allergy or a "Type 1" allergy to Penicillin (hives, angioedema, or anaphylaxis)

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

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

➤ For clean–contaminated procedures including cancer surgery:

☐ Ampicillin–sulbactam (Unasyn) 3 gram IV: **NOTE –Consider adding Vancomycin to Ampicillin–Sulbactam for pts at high risk for MRSA.**

Alternative agent for B–lactam allergy:

☐ Clindamycin 900mg IV

-----OR-----

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

- ☐ 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.
- ☐ Levofloxacin (Levaquin) 500 mg IV

☐ SCD in OR

☐ Other: _____

Physician Signature

Date/Time

Wentworth–Douglass Hospital
PHYSICIAN ORDERS
Pre–Admission Services
GENERIC ORDERS



PO0020

6225–03MR
Rev. 05/15/17

Page 1 of 1