

PRE-OP TESTING & DAY OF SURGERY ORDERS

Patient Name: _____ DOB: _____
Ht: _____ Wt: _____ Allergies: _____

Pre-Operative Testing Orders:

ALL TESTS ORDERED MUST HAVE AN ACCOMPANYING DIAGNOSIS TO BE CONSIDERED A VALID ORDER

| | | | |
|------------------|-----|---|-----|
| Urinalysis: | DX: | T & C for _____ # PRBC _____ # Autologous Blood | |
| CBC without Diff | DX: | | DX: |
| PT & INR | DX: | | DX: |
| aPTT | DX: | | DX: |
| BMP | DX: | | DX: |
| CMP | DX: | | DX: |
| Chest X-ray | DX: | | DX: |
| EKG | DX: | | DX: |
| Serum Pregnancy | DX: | | DX: |
| Type and Screen | DX: | | DX: |
| | DX: | | DX: |
| | DX: | | DX: |
| | DX: | | DX: |

RN Signature: _____ Date: _____ Time: _____

Orders for Day of Surgery: Orders 1 thru 8 must be completed

- 1) Admit as Inpatient Overnight Stay (23 hours) Outpatient Surgery
- 2) Admit under the service of Dr. _____
- 3) Admit date: _____
- 4) Diagnoses: _____
- 5) Schedule Procedure: _____
- 6) IV: 1000ml Lactated Ringer's @ KVO – or - _____ @ _____ ml/hr
- 7) Confirm NPO status after _____
- 8) Pre-op antibiotic(s): _____ IVPB- administer within 1 hour prior to surgical incision (if levofloxacin, ciprofloxacin, and vancomycin -administer within 2 hours prior to surgical incision)
- 9) Pre-op Meds: _____
- 10) TED Hose Sequential Compression Devices Place on patient in DSCU
- 11) Foley Catheter in OR
- 12) Additional orders: _____

MD Signature: _____ Date: _____ Time: _____

Beeper #: _____ RN Signature: _____ Date: _____ Time: _____