



Preoperative PHYSICIANS ORDERS

PATIENT - LAST		FIRST	MIDDLE (full)	SURGEON
SURGERY DATE / /		ARRIVE AT HOSPITAL DATE TIME		PREADMISSION CLINIC APPT DATE TIME
PRECERTIFICATION NUMBER		PHONE NUMBER ()		BIRTH DATE / /

bottom edge of patient label

☐ Revised Date/Time: _____

Allergies: ☐ none ☐ other:

Diabetic: ☐ yes ☐ no

Weight:

Height:

Level of Care: ☐ Inpatient ☐ Outpatient ☐ Outpatient with Observation Services

Diagnosis: _____

1. Procedure Planned and consent signed for: _____

2. LAB:

☐ Appropriate preoperative screening studies per Anesthesiology.

*Additional laboratory studies specifically required by surgeon:

- | | |
|---|---|
| <input type="checkbox"/> Hct | <input type="checkbox"/> Urine Culture |
| <input type="checkbox"/> Platelet Count | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> CBC | <input type="checkbox"/> RPR |
| <input type="checkbox"/> K+ | <input type="checkbox"/> Serum Pregnancy Test |
| <input type="checkbox"/> BUN/Cr | <input type="checkbox"/> Urine Pregnancy Test |
| <input type="checkbox"/> Blood Glucose | <input type="checkbox"/> Type & Screen |
| <input type="checkbox"/> BMP | <input type="checkbox"/> Type & Crossmatch for: _____ units of: |
| <input type="checkbox"/> CMP | <input type="checkbox"/> Bank blood |
| <input type="checkbox"/> Liver Profile | <input type="checkbox"/> Directed blood |
| <input type="checkbox"/> Amylase | <input type="checkbox"/> Autologous blood |
| <input type="checkbox"/> PT | <input type="checkbox"/> MRSA Swab |
| <input type="checkbox"/> PTT | |
| <input type="checkbox"/> Bleeding Time | |

3. ☐ EKG

4. RADIOLOGY:

* ☐ Chest X-Ray; other _____

5. ☐ NPO after midnight

6. Anesthetic Technique:

- ☐ Decision of Anesthesiologist and patient
- ☐ Specific anesthetic technique required for surgery
- ☐ General Anesthesia
 - ☐ Regional Anesthesia - type of block? _____
 - ☐ Monitored Anesthesia Care (MAC)
 - ☐ Local (without Anesthesiology involved)
- ☐ Retrobulbar

7. Less common specific concerns/requirements:

- ☐ Nasal Endotracheal Tube
- ☐ Controlled Hypotension
- ☐ Central Venous or Pulmonary Artery Catheter
- ☐ Double Lumen ETT
- ☐ Tourniquet on arm/leg required
- ☐ Fluoroscopy Guidance
- ☐ Inferior turbinate blade 2.9mm
- ☐ Navigation

8. MEDICATIONS:

- ☐ IV Lock
- ☐ Lactated Ringers at 100ml/hr
- ☐ Lactated Ringers at 125ml/hr
- ☐ Normal Saline at 50ml/hr
- ☐ Ancef 1 gm IV on call to OR
- ☐ Ancef 2 gm IV on call to OR
- ☐ Clindamycin 900 mg IV on call to OR
- ☐ Afrin 2 sprays each nostril upon arrival
- ☐ Cefoxitin 1 gm IV on call to OR
- ☐ Entereg 12 mg PO with sip of water on call to OR

9. Stockings: Apply pre-op
☐ Sequential compression devices

10. ☐ Consult Dr(s) _____ preop

Physician's Signature

