

DATE/TIME

PRE-OP SURGICAL ORDERS

Patient's Name: _____ Birth Date: _____

Pre-op Diagnosis: _____

Procedure: _____

INPATIENT - A person is admitted for an inpatient surgical procedure and will require care on a nursing unit in a bed overnight.

OUTPATIENT/SDS - A person is admitted for an outpatient surgical procedure and IS NOT expected to require care on a nursing unit.

PRE-OP LAB TESTS:

- Hgb/HCT BMP CMP Urine Pregnancy PTT/INR
- Type & screen CBC UA WSR
- Autologous # of units _____ K+ Other _____

DIAGNOSTIC TESTS

- CXR KUB
- One view EKG
- PA & Lat Other _____
- Vein Mapping on chart

PRE-OP ORDERS

Medication: Ancef, 2 gm IV pre-induction **or**
if patient has severe beta lactam allergy with history of hives and/or anaphylaxis
 Clindamycin 900 mg IV,
 Other _____

- Shower: Betasept/Hibiclens or Dial
- Appropriate prep Appropriate clip
- TEDS Intermittent Pressure Compression (IPC)
- Other orders/instructions: _____

PRE-OP TEACHING (check all that apply)

- TEDS IPC CPM _____ Date needed: _____ Reserved: _____
- Incentive spirometry PT for gait training, wt bearing status: _____
- PCA Other special equipment: _____

Physician's Signature

Date/Time



Patient Identification