

Surgeon's Name: _____ Date of Surgery _____

Patient Name _____ Date of Birth _____ Allergies _____

Test	Diagnosis												
<input type="checkbox"/> EKG Not needed if done in past 6 months & no change in symptoms or medications.	<input type="checkbox"/> Patient 60 years old or greater <input type="checkbox"/> Pre-existing pulmonary disease undergoing general anesthesia <input type="checkbox"/> Pre-existing cardiac disease undergoing general anesthesia <input type="checkbox"/> History of Hypertension <input type="checkbox"/> History of Peripheral Vascular Disease <input type="checkbox"/> History of Syncope <input type="checkbox"/> History of Diabetes <input type="checkbox"/> History of Arrhythmias <input type="checkbox"/> Cerebral Vascular disease												
<input type="checkbox"/> Electrolytes	<input type="checkbox"/> steroids <input type="checkbox"/> diuretics <input type="checkbox"/> digoxin <input type="checkbox"/> K+ supplements <input type="checkbox"/> K+ depleting/sparing drugs <input type="checkbox"/> ACE inhibitors <input type="checkbox"/> patient with electrolyte disturbance <input type="checkbox"/> patient with diabetes, renal insufficiency, diabetes insipidus, or adrenal insufficiency												
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Aged 75 or greater <input type="checkbox"/> diabetes or renal insufficiency <input type="checkbox"/> Major vascular surgery or renal surgery <input type="checkbox"/> Significant cardiovascular disease												
<input type="checkbox"/> CBC	<input type="checkbox"/> Patient who has a history of anemia <input type="checkbox"/> Patient who may have significant blood loss during surgery (i.e. abd-pelvic surgery, major orthopedic)												
<input type="checkbox"/> HGB	<input type="checkbox"/> Patient less than 1 yr of age or greater than 65 years of age or having a type and cross done												
<input type="checkbox"/> PT	<input type="checkbox"/> Patient on Coumadin (ICD9 = V5861)												
<input type="checkbox"/> PTT	<input type="checkbox"/> Patient on heparin												
<input type="checkbox"/> Coagulation Profile	<input type="checkbox"/> Patient with personal or family history of bleeding (ICD9 = V183) <input type="checkbox"/> Patient with significant hepatic or renal disease (ICD9 = 790.92)												
<input type="checkbox"/> Beta HCG	<input type="checkbox"/> Fertile patient (not required if patient declines)												
<input type="checkbox"/> Glucose finger stick	<input type="checkbox"/> Upon admission to outpatient surgery for diabetic patient <input type="checkbox"/> Upon admission to outpatient surgery for patient with a known history of hypoglycemia												
<input type="checkbox"/> CXR Not needed if done in past 6 months & no clinical change	<input type="checkbox"/> Patient with significant cardiac disease <input type="checkbox"/> Patient with significant neoplastic or pulmonary disease												
<input type="checkbox"/> Lateral Neck X-Ray	<input type="checkbox"/> Patient with severe rheumatoid arthritis to rule out C1/C2 instability												
<input type="checkbox"/> Other	<input type="checkbox"/> Diagnosis _____ <table border="0"> <tr> <td><input type="checkbox"/> Basic Metabolic Panel</td> <td><input type="checkbox"/> Comprehensive Metabolic Panel</td> <td><input type="checkbox"/> Type and Screen</td> </tr> <tr> <td><input type="checkbox"/> Free T4</td> <td><input type="checkbox"/> Calcium Level</td> <td><input type="checkbox"/> Urinalysis</td> </tr> <tr> <td><input type="checkbox"/> TSH</td> <td><input type="checkbox"/> Iodized Calcium</td> <td><input type="checkbox"/> Urine C&S</td> </tr> <tr> <td><input type="checkbox"/> Other Tests _____</td> <td></td> <td><input type="checkbox"/> MRSA Screen</td> </tr> </table>	<input type="checkbox"/> Basic Metabolic Panel	<input type="checkbox"/> Comprehensive Metabolic Panel	<input type="checkbox"/> Type and Screen	<input type="checkbox"/> Free T4	<input type="checkbox"/> Calcium Level	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> TSH	<input type="checkbox"/> Iodized Calcium	<input type="checkbox"/> Urine C&S	<input type="checkbox"/> Other Tests _____		<input type="checkbox"/> MRSA Screen
<input type="checkbox"/> Basic Metabolic Panel	<input type="checkbox"/> Comprehensive Metabolic Panel	<input type="checkbox"/> Type and Screen											
<input type="checkbox"/> Free T4	<input type="checkbox"/> Calcium Level	<input type="checkbox"/> Urinalysis											
<input type="checkbox"/> TSH	<input type="checkbox"/> Iodized Calcium	<input type="checkbox"/> Urine C&S											
<input type="checkbox"/> Other Tests _____		<input type="checkbox"/> MRSA Screen											
Orders	Do not hold beta blockers												
<input type="checkbox"/> IV 1000 LR <input type="checkbox"/> NPO after midnight <input type="checkbox"/> Meds with sip of H2O	<input type="checkbox"/> Compression hose <input type="checkbox"/> Foot Pumps <input type="checkbox"/> SCD prior to anesthesia <input type="checkbox"/> Foley Catheter to down drain <input type="checkbox"/> Other _____ <input type="checkbox"/> Betadine Nasal Swab Pre-op												
Medications	(All antibiotics must be given within 1 hr of incision time except Vancomycin)												
<input type="checkbox"/> Ancef (Cefazolin Sodium) 1 gram IVPB 30 min preop <input type="checkbox"/> Ancef (Cefazolin Sodium) 2 grams IVPB 30 min preop <input type="checkbox"/> Doxycycline 100 mg IVPB 30 min preop <input type="checkbox"/> Afrin Nasal Spray 2 sprays each nostril 5 min apart X 3 starting 30 min preop <input type="checkbox"/> Cyclogyl 1% 1 gtt q 5min X 4 starting 40 min preop with Phenylephrine 2.5% 1 gtt q 5 min X 4 & Ocufen 1 gtt q 5 min X 4 to _____ eye <input type="checkbox"/> Vancomycin 1 gram IV over 1 hour in preop (Fill out vancomycin exception sheet) <input type="checkbox"/> Other _____	<input type="checkbox"/> Cefoxitin (Mefoxin) 1 gram IVPB 30 min preop <input type="checkbox"/> Cefoxitin (Mefoxin) 2 grams IVPB 30 min preop <input type="checkbox"/> Clindamycin 600mg IVPB 30 min preop												

Physician Signature: _____

Date/Time: _____

Nurse Signature: _____

Date/Time: _____