

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Admission Orders:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Diagnosis Comment: \_\_\_\_\_

Consent to Read: \_\_\_\_\_

Place:  In Patient  Out-Patient Services

Location  SDS  GI Lab  Cardiac Cath Lab

Patient Condition:  Good  Fair  Serious  Critical  Stable  Guarded

**Condition / Code Status:**  Full Code  Do not Resuscitate

**Diet:**  Nothing by Mouth (NPO) except for medications

Other \_\_\_\_\_

**Vital Signs:**

Per Unit Routine  Other \_\_\_\_\_

**IV Fluids:**

IV protocol: For all patients ages 8 years and over Saline lock with 20 g or 18 g IV catheter, Lactated Ringers (LR) at 25 mL/hr upon arrival. If patient has ESRD, Cirrhosis, DM, or Creatinine level > than 3 , start Normal Saline (NS) at 25 mL/hr

Other IV Fluids: \_\_\_\_\_ Rate: \_\_\_\_\_

**Medications:**

Prophylactic Antibiotics – No Beta-Lactam Allergy:

CeFAZolin sodium 2 grams intravenously single dose within 1 hour before surgical incision (Weight less than 120 kg)

CeFAZolin sodium 3 grams intravenously single dose within 1 hour before surgical incision (Weight greater than or equal to 120 kg)

CefTRIAxone 2 grams intravenously single dose within 1 hour before surgical incision

MetroNIDAZOLE HCL 500 mg intravenously single dose within 1 hour before surgical incision (Used along with CeFAZolin if anaerobic coverage necessary)

Other: \_\_\_\_\_

Prophylactic Antibiotics – Beta-Lactam Allergy:

Ciprofloxacin 400 mg intravenously single dose within 2 hours before surgical incision

Clindamycin phosphate 900 mg intravenously single dose within 1 hour before surgical incision

Gentamicin sulfate 120 mg intravenously single dose within 1 hour before surgical incision

Vancomycin HCL 1 gram intravenously single dose within 2 hours before surgical incision

MetroNIDAZOLE HCL 500 mg intravenously single dose within 1 hour of surgical incision (Used along with Ciprofloxacin or Gentamicin if anaerobic coverage necessary)



**Laboratory STAT**

- CBC with platelets and differential
- Hemoglobin/Hematocrit       Prottime       PTT
- Basic Metabolic Panel       Comprehensive Metabolic Panel
- Glucose, Random       Potassium       Liver Panel
- Renal Panel       Beta-hCG, Quantitative       hCG, Urine

**Respiratory:**

- ABG

**Blood Bank:**

- Patient willing to receive Blood or Blood Products
- Blood Transfusion Comment: \_\_\_\_\_
- Type and Screen  
Priority:  Routine    STAT    Timed    Today    Date \_\_\_\_\_    Now
- Packed Red Blood Cells ( Includes Type & Screen)  
Quantity: \_\_\_\_\_ Expected Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Special Product Requirements:  
 CMV Negative    Irradiated    Sickle Cell Negative  
 Comments to Phlebotomist: \_\_\_\_\_
- Frozen Plasma (FP)  
Quantity: \_\_\_\_\_ Expected Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Platelet Pheresis  
Quantity: \_\_\_\_\_ Expected Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Imaging:**

**X-Ray:**

- Portable inspiration AP (upright) X-Ray of the chest today Pre-op Chest X-Ray
- Routine inspiration PA/Lateral X-Ray of the chest today Pre-op Chest X-Ray

**Other Tests:**

- STAT 12 Lead ECG
- Consults:

Physician Consulting \_\_\_\_\_

Consulting Physician's Phone number: \_\_\_\_\_

Reason for consult: \_\_\_\_\_

Case Management Consultation Today re: \_\_\_\_\_

Social Services Consultation Today re: \_\_\_\_\_

TELEPHONE ORDER DATE & TIME:	<input type="checkbox"/> <b>READ BACK</b>	ORDER TO PHARMACY DATE & TIME:
RN SIGNATURE:	PHYSICIAN _____ / _____ RN	DATE: _____ TIME: _____
	PHYSICIAN'S SIGNATURE:	DATE: _____ TIME: _____



**GENERAL SURGICAL PRE-OPERATIVE  
SAME DAY SURGERY (SDS) ORDERS**

PATIENT I.D.