Height:_____ Weight:_____ Allergies: _____

Admission Orders:

- ☐ 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 1 hour before surgical incision (Weight less than 120 kg)
- ☐ CeFAZolin sodium 3 grams intravenously single dose 1 hour before surgical incision (Weight greater than or equal to 120 kg)
- ☐ CeFTRiaxone 2 grams intravenously single dose 1 hour before surgical incision
- ☐ MetroNIDAZOLE HCL 500 mg intravenously single dose 1 hour before surgical incision (Used along with CeFAZolin or other Cephalosporins)
- ☐ Other: _____

Prophylactic Antibiotics – Beta-Lactam Allergy:

- ☐ Ciprofloxacin 400 mg intravenously single dose 2 hours before surgical incision
- ☐ Clindamycin phosphate 900 mg intravenously single dose 1 hour before surgical incision
- ☐ Gentamycin sulfate 120 mg intravenously single dose 1 hour before surgical incision
- ☐ Vancomycin HCL 1 gram intravenously single dose 2 hours before surgical incision

Height:_____ Weight:_____ Allergies: _____

☐ **Laboratory STAT**

- ☐ CBC with platelets and differential
- ☐ Hemoglobin/Hematocrit ☐ Protime ☐ PTT
- ☐ Basic Metabolic Panel ☐ Comprehensive Metabolic Panel
- ☐ Glucose, Random ☐ Potassium ☐ Liver Panel
- ☐ Renal Panel ☐ Beta-hCG, Quantitative ☐ hCG, Urine
- ☐ COVID-19 Nasal Swab ☐ MRSA Nasal Swab

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:	☐ **READ BACK** PHYSICIAN _____ / _____ RN	ORDER TO PHARMACY DATE & TIME:
RN SIGNATURE: DATE: TIME:	PHYSICIAN'S SIGNATURE: DATE: TIME:	

PATIENT I.D.

VALLEY PRESBYTERIAN HOSPITAL

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