



attach patient label here

Physician Orders ADULT
Order Set: ANES Pre Op Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N, Comment: NPO after midnight morning of surgery
Patient Care		
<input type="checkbox"/>	Nursing Communication	T;N, begin IV fluids of Lactated Ringers 1000 mL at 10mL/hr UNLESS patient is receiving dialysis, then begin Normal Saline 0.9% 1000mL at 10mL/hr
<input type="checkbox"/>	Nursing Communication	T;N, Take previously prescribed blood pressure medications on morning of surgery with sips of water.
<input type="checkbox"/>	Nursing Communication	T;N, If diabetic, hold AM insulin and/or oral hypoglycemic medications the day of surgery
<input type="checkbox"/>	Whole Blood Glucose Nsg	T;N, once, If diabetic, bedside glucose on arrival to nursing unit day of surgery
<input type="checkbox"/>	IV Insert/Site Care	T;N,q4day
Continuous Infusions		
<input type="checkbox"/>	Lactated Ringers	1,000 mL, IV, Routine, 10 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, Routine, 10 mL/hr
Medications		
<input type="checkbox"/>	famotidine	20 mg,Tab,PO,N/A,Routine, Comment: with sips of water upon arrival day of surgery
<input type="checkbox"/>	Metoclopramide	10mg, Inj, IVPush, N/A, routine, preop on call to OR
<input type="checkbox"/>	citric acid-sodium citrate (Cytra-2)	30mL, oral soln. PO, N/A, routine, preop on call to OR
Laboratory		
<input type="checkbox"/>	Anesthesia Lab and Diagnostic Plan	
	NOTE: If patient is female of reproductive age, has no history of tubal ligation or hysterectomy, and Pregnancy Screen Serum not previously done within 72 hours, place one of the orders below:	
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N,once,Type: Blood
<input type="checkbox"/>	Pregnancy Screen Urine	STAT, T;N,once,Type: Urine
	NOTE: If patient is a dialysis patient, place order below:	
<input type="checkbox"/>	Potassium Level	STAT, T;N,once,Type: Blood
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-once	T;N, Notify Who: Anesthesia, Notify For: if patient has not received prescribed beta blocker within last 24 hours
<input type="checkbox"/>	Notify Physician-once	T;N, Notify Who: Anesthesia, Notify For: _____

Date

Time

Physician's Signature

MD Number

