



Physician Orders ADULT: Gynecology Surgery Preop Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Gynecology Surgery Preop Phase, When to Initiate: _____

Gynecology Surgery Preop Phase

Non Categorized

- ☒ Pre Op Diagnosis/Reason

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more
- ☐ Patient Status Initial Outpatient
T;N Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: Ambulatory Surgery

Vital Signs

- ☒ Vital Signs Per Unit Protocol

Food/Nutrition

- ☒ NPO
Instructions: NPO except for medications

Patient Care

- ☒ Consent Signed For
T;N
- R O2 Sat Monitoring NSG
On admission
- ☐ Foley Insert-Follow Removal Protocol
to closed gravity drainage. Place in OR.
- ☒ IV Insert/Site Care
q4day, Preferred Gauge: 18G
 For inpatients:(NOTE)*
- ☒ Sequential Compression Device Apply
Apply To Lower Extremities, Apply prior to surgery
- ☒ Incentive Spirometry NSG
Teach use prior to OR
- ☒ Nursing Communication
Preoperative Antibiotics MUST be administered in preop 30-60 minutes prior to skin incision.
- ☒ Nursing Communication
Use warmed IV fluids in pre-op and place a bear hugger on patient in the operating room to help maintain normothermia.
- ☒ Bedside Glucose Nsg
PRN, On arrival for patients with BMI greater than or equal to 30, age greater than or equal to 45, and all diabetics. The goal is to maintain blood glucose less than 140. Notify Anesthesiologist if Blood Glucose is greater than or equal to 140
- ☒ Clipper Prep
Hair Removal: Use hair clippers for hair removal
- ☒ Skin Prep





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ChloraPrep (2% chlorhexidine-70% isopropyl alcohol)

- ☒ Vaginal Prep
Dilute 4% chlorhexidine (mixed 50:50 with sodium chloride 0.9% for irrigation)

Continuous Infusion

- ☐ Lactated Ringers Injection
1,000 mL, IV, Routine, 125 mL/hr

Medications

- ☐ VTE Other SURGICAL Prophylaxis Plan(SUB)*
☒ Preop Meds Per Anesthesia
☐ **+1 Hours** famotidine
20 mg, Tab, PO, N/A, Routine, (for 1 dose)
Comments: on call to OR

- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*
☐ Insulin STANDARD Sliding Scale Plan(SUB)*
☐ Insulin RESISTANT Sliding Scale Plan(SUB)*
☐ **+1 Hours** ceFAZolin

- ☐ *2 g, IV Piggyback, IV Piggyback, prn, PRN Other, specify in Comment, Routine, (for 1 dose),*
*[Less than 120 kg] (DEF)**
Comments: Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to
skin incision Re-administer every 4 hours for blood loss greater than 1500 mL or surgery
time exceeding 4 hours. For Surgery ONLY. Discontinue order when patient returns to the
floor.

- ☐ *3 g, IV Piggyback, IV Piggyback, prn, PRN Other, specify in Comment, Routine, (for 1 dose),*
[Greater than or equal to 120 kg]
Comments: Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to
skin incision. Re-administer every 4 hours for blood loss greater than 1500 mL or surgery
time exceeding 4 hours. For Surgery ONLY. Discontinue order when patient returns to the
floor.

Note: Add metronidazole if colon is involved.(NOTE)*

Note: If colon is involved, order below with cefazolin(NOTE)*

- ☐ **+1 Hours** metroNIDAZOLE
500 mg, IV Piggyback, IV Piggyback, OnCall, Routine, (for 1 dose)
Comments: Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to
skin incision

NOTE: If patient is beta-lactam allergic place order for one of the antibiotic combinations below:(NOTE)*

- ☐ **+1 Hours** clindamycin
900 mg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose)
Comments: Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to
skin incision.

AND(NOTE)*

- ☐ **+1 Hours** gentamicin
5 mg/kg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose)
Comments: Dose using Ideal Body Weight. Patient's greater than 20% of Ideal Body Weight
(IBW) should be dosed on Adjusted body weight (ABW). Preoperative antibiotic MUST be
administered in preop 30-60 minutes prior to skin incision.

OR(NOTE)*

- ☐ **+1 Hours** metroNIDAZOLE
500 mg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose)
Comments: Dose using Ideal Body Weight. Patient's greater than 20% of Ideal Body Weight





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(IBW) should be dosed on Adjusted body weight (ABW). Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to skin incision

AND(NOTE)*

- ☐ **+1 Hours** gentamicin
5 mg/kg, IV Piggyback, IV Piggyback, OnCall, (for 1 dose)
Comments: Dose using Ideal Body Weight. Patient's greater than 20% of Ideal Body Weight (IBW) should be dosed on Adjusted body weight (ABW). Preoperative antibiotic MUST be administered in preop 30-60 minutes prior to skin incision
- ☐ **+1 Hours** acetaminophen
975 mg, PO, N/A
Comments: On Call to O.R.

Laboratory

- ☒ Preop Labs Per Anesthesia
T;N
If patient will not be seen by anesthesia(NOTE)*
- ☒ Type and Screen
Routine, T;N, Type: Blood
- ☐ Type and Crossmatch PRBC
Routine, T;N, Type: Blood
- ☐ Transfuse PRBC's - Not Actively Bleeding
Routine, T;N
- ☐ Transfuse PRBC's - Actively Bleeding
Routine, T;N
- ☐ Hold PRBC
Routine, T;N, Reason: On Hold for OR
- ☒ Pregnancy Screen Serum
Routine, T;N, once, Type: Blood
- ☐ CBC w/o Diff
Routine, T;N, once, Type: Blood
- PT/PTT are indicated for patients with hepatic disease, bleeding disorders, anticoagulant therapy(NOTE)*
- ☐ PT
Routine, T;N, once, Type: Blood
- ☐ PTT
Routine, T;N, once, Type: Blood
- CMP is indicated for patients with cardiac, renal, hepatic, endocrine, hematological, neurological comorbidity.
If none of these clinical conditions exists, order BMP.(NOTE)*
- ☐ CMP
Routine, T;N, once, Type: Blood
- ☒ BMP
Routine, T;N, once, Type: Blood

Diagnostic Tests

- EKG indicated for patients > 50 yr, cardiac, pulmonary, diabetic, neurologic comorbidity(NOTE)*
- ☐ EKG
Start at: T;N, Reason: Other, specify, preop
- CXR Indicated for patients with cardiac, pulmonary comorbidity or smoker(NOTE)*
- ☐ Chest 2 Views
T;N, Reason for Exam: Other, Enter in Comments, Other reason: Preop, Routine, Stretcher

Consults/Notifications/Referrals

- ☐ Physician Group Consult





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Group: Medical Anesthesia Group, Reason for Consult: Regional Block

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order

