

attach patient label here



**Physician Orders ADULT**  
**Order Set: Radical Prostatectomy/Nephrectomy Preop**  
**Orders**

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Patient Status Initial Inpatient	T;N
<input type="checkbox"/>	Preadmission Work-up Reason (Pre Op Diagnosis/Reason)	
<input type="checkbox"/>	Notify Physician-Once	T;N, room number upon arrival to unit
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q-shift
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	
<b>Patient Care</b>		
<input type="checkbox"/>	Consent Signed For (Op Permit)	T;N, Procedure: make incision and remove prostate and lymph nodes (Radical Prostatectomy)
<input type="checkbox"/>	Consent Signed For (Op Permit)	T;N, Procedure: Make incision to remove _____ kidney (Radical Nephrectomy)
<b>Respiratory Care</b>		
<b>Continuous Infusions</b>		
<b>Medications</b>		
<input type="checkbox"/>	<b>VTE Other SURGICAL Prophylaxis Orders</b>	
<input type="checkbox"/>	Preop Meds Per Anesthesia	T;N
<input type="checkbox"/>	ceFAZolin	1 g, IV Piggyback, IV Piggyback, N/A, Give 1 hour prior to OR incision.
<input type="checkbox"/>	ceftriaxone	1 g, IV Piggyback, IV Piggyback, N/A, Give 1 hour prior to OR incision.
<input type="checkbox"/>	gentamicin	80 mg, IV Piggyback, IV Piggyback, N/A, Give 1 hour prior to OR incision.
<b>Laboratory</b>		
<b>NOTE: Order lab procedures, if not ordered in PAW:</b>		
<input type="checkbox"/>	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Culture	T;N, Routine, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Type and Crossmatch PRBC (Crossmatch PRBC)	T;N, Routine, Reason: transfuse, 2 units, Type: Blood
<b>Diagnostic Tests</b>		
<b>NOTE: If not done previously, complete order below:</b>		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Routine
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Physician Group Consult	Group: Medical Anesthesia Group, Reason for Consult: Regional Block

Date	Time	Physician's Signature	MD Number
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