



attach patient label here

Physician Orders ADULT GYN ONC Adult Pre Operative 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: _____		
Uncategorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: GYN ONC Adult Pre Operative Phase When to Initiate: _____
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Telemetry <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
NOTE to MD:		
<u>Initial status – inpatient</u> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<u>Initial Status Outpatient – Ambulatory surgery</u> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
<u>Initial status Outpatient -Observation Services</u> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis:		
Secondary Diagnosis:		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine, Monitor and record T,P,R,BP, upon admission
Activity		
<input type="checkbox"/>	Out of Bed	T;N, Up As Tolerated
Food/Nutrition		
<input type="checkbox"/>	NPO	Except for BP meds with sips of water



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Patient Care	
<input type="checkbox"/>	Consent Signed For T;N, Procedure : _____
<input type="checkbox"/>	Incentive Spirometry NSG T;N, Routine, q1h
NOTE: If patient Diabetic place order below	
<input type="checkbox"/>	Accucheck NSG T;N, Routine, on call to OR
<input type="checkbox"/>	Indwelling Urinary Catheter Insert - T;N, Comment: to be placed while in the Pre-Procedure Area. Follow Removal Protocol Reason: <input type="checkbox"/> Intraoperative for prolonged surgery <input type="checkbox"/> Continuous irrigation/Med instillation <input type="checkbox"/> Urethral problems <input type="checkbox"/> Strict UOP (q 30min or q 1hr) in ICU <input type="checkbox"/> Acute retention or neurogenic bladder <input type="checkbox"/> Spinal Fusion, Scoliosis w/prolong immob <input type="checkbox"/> s/p GYN or genitourinary tract Surgery <input type="checkbox"/> s/p urologic or colorectal surgery <input type="checkbox"/> s/p organ transplant <input type="checkbox"/> Vent & paralyzed, condom cath not option <input type="checkbox"/> Chronic indwelling or suprapubic cath <input type="checkbox"/> Sacral wound (Stage III or IV) w/incont <input type="checkbox"/> Epidural in place <input type="checkbox"/> Post-op surgery less than 24 hours ago <input type="checkbox"/> 24hr urine collection and incontinence <input type="checkbox"/> Hospice or terminal care
Continuous Infusions	
<input type="checkbox"/>	Lactated Ringers 1000 mL, IV , Routine, 125 mL/hr
Medications	
<input type="checkbox"/>	VTE Other SURGICAL Prophylaxis Plan Print and complete separate sheet (form #25006)
<input type="checkbox"/>	sodium biphosphate-sodium phosphate 1 bottle, Enema, PR, once, Routine, Comment : if not done at home
<input type="checkbox"/>	povidone iodine 0.3% vaginal solution 1 bottle, Liq, VAG, once, Routine, Comment : if not done at home
NOTE: Give ceFAZolin 3G if patient weights greater than 120kg	
<input type="checkbox"/>	ceFAZolin 2 g, IV Piggyback, IV Piggyback, N/A, Routine, (1 dose), Reason for antibiotic: [X] Prophylaxis [] Treatment of documented or suspected infection. Comment: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-
	ceFAZolin 3 g, IV Piggyback, IV Piggyback, N/A, Routine, (1 dose), Reason for antibiotic: [X] Prophylaxis [] Treatment of documented or suspected infection. Comment: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding. Give 3G dose for weight greater that 120kg)



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Medications continued		
NOTE: If colon is involved, order below WITH ceFAZolin		
<input type="checkbox"/>	metronIDAZOLE	500 mg, IV Piggyback, IV Piggyback, N/A, Routine, (1dose), Reason for antibiotic: <input checked="" type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment of documented or suspected infection. Comment: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-
Note: If documented beta-lactam allergy, place both antibiotic orders below:		
<input type="checkbox"/>	clindamycin	900 mg, IV Piggyback, IV Piggyback, q8h, NA, Routine, (1 dose), Reason for antibiotic: <input checked="" type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment of documented or suspected infection. Comment: start no earlier than one hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-
AND		
<input type="checkbox"/>	aztreonam	2 g, IV Piggyback, IV Piggyback, q8h, NA, Routine, (1 dose), Reason for antibiotic: <input checked="" type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment of documented or suspected infection. Comment: time post op dose 8 hours after preop dose
Laboratory		
<input type="checkbox"/>	CBC	STAT, T;N, once, Blood
<input type="checkbox"/>	CMP	STAT, T;N, once, Blood
<input type="checkbox"/>	BMP	STAT, T;N, once, Blood
<input type="checkbox"/>	Prothrombin Time	STAT, T;N, once, Blood
<input type="checkbox"/>	Partial Thromboplastin Time	STAT, T;N, once, Blood
NOTE: Order below Serum HCG if patient is unable to void and is of reproductive age and has no history of hysterectomy or tubal ligation		
<input type="checkbox"/>	HCG Quantitative	STAT, T;N, once, Blood
Laboratory		
<input type="checkbox"/>	Type and Screen	STAT, T;N, once, Blood, Reason for Type and Screen: _____
<input type="checkbox"/>	Type and Crossmatch PRBC	STAT, T;N, # of units _____, Type: Blood, Special Needs: <input type="checkbox"/> None <input type="checkbox"/> Leukoreduced, <input type="checkbox"/> Leukoreduced and Irradiated <input type="checkbox"/> Autologous
NOTE: Make sure autologous/designated donor blood is available for OR		
NOTE: Choose 1 - 4 units for Transfuse PRBC - Actively Bleeding		
<input type="checkbox"/>	Transfuse PRBC's - ACTIVELY	Routine, T;N, Unit(s): number of unit(s): _____,
NOTE: Choose 1 unit for Transfuse PRBC - Not Actively Bleeding		
<input type="checkbox"/>	Transfuse PRBC's - NOT Actively Bleeding	Routine, T;N, Unit(s): 1 unit, Reason for Transfusion: _____,
NOTE: If blood products are not currently needed place HOLD order below		
<input type="checkbox"/>	Hold PRBC	Routine, T;N, Reason for Hold: On Hold for OR, Number of units to hold: _____
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal and Lat	T;N, PreOp, Stat
<input type="checkbox"/>	EKG	Start at T;N, Stat, Pre-Op

Date
Time
Physician's Signature
MD Number