Physician Orders ADULT: Ortho Fracture Pre Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  T;N, Phase: Ortho Fracture Pre Op Phase, When to Initiate:

Ortho Fracture Pre Op Phase
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 OP-Ambulatory Surgery (DEF)*

  ☐ T;N, Attending Physician: ________________________________
  Reason for Visit: _____________________________________
  Bed Type: ___________________ Specific Unit: ____________
  Outpatient Status/Service OP-OBSERVATION Services

☐ Notify Physician-Once
  T;N, of room number on arrival to unit

Vital Signs
☐ Vital Signs
  ☐ T;N, Monitor and Record T,P,R,BP, q4h(std) (DEF)*
  ☐ T;N, Monitor and Record T,P,R,BP, q2h(std), If in critical care

Food/Nutrition
☐ NPO
  Start at: T;N, Instructions: NPO except for medications | NPO except for sips of water

Patient Care
☐ Request CSR Item
  T;N, Order SCD to send to OR with Patient

☐ Consent Signed For
  T;N

Nursing Communication
☐ Nursing Communication
  T;N, verify current H&P on chart
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Nursing Communication
T:N, prior to sedation, physician designee to verify operative extremity by marking the operative extremity with physician's/designee's initials.

Continuous Infusion
- D5W
  1,000 mL, IV, Routine, 20 mL/hr
- Lactated Ringers Injection
  1,000 mL, IV, Routine, 20 mL/hr

Medications
- +1 Hours ceFAZolin
  1 g, IV Piggyback, IV Piggyback, N/A, Routine
  Comments: Start no earlier than one hour prior to incision time

- +1 Hours vancomycin
  1 g, IV Piggyback, IV Piggyback, N/A, Routine, (infuse over 1 hr)
  Comments: Start no earlier than two hours prior to incision time

Note: If greater than 89 kg, choose both orders below:(NOTE)*

- +1 Hours ceFAZolin
  2 g, IV Piggyback, IV Piggyback, N/A, Routine (for 1 dose)
  Comments: 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.

- +1 Hours vancomycin
  1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose), (infuse over 1 hr)
  Comments: Start no earlier than two hours prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.

Note: If documented Penicillin allergy, choose one order below:(NOTE)*

- +1 Hours clindamycin
  600 mg, IV Piggyback, IV Piggyback, N/A, Routine (for 1 dose)
  Comments: 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.

- +1 Hours vancomycin
  1 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose), (infuse over 1 hr), If less than 89 kg.
  Comments: Start no earlier than TWO hour prior to incision time. To be given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.

- +1 Hours vancomycin
  1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose), (infuse over 1 hr), If greater than 89 kg.
  Comments: Start no earlier than TWO hour prior to incision time. To be
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given by Same Day Surgery/OR Circulator. Give initial dose in pre-op holding.

Laboratory
Do not order if tests have been completed in the last 24 hours.(NOTE)*

☐ CBC
  Routine, T;N, once, Type: Blood

☐ BMP
  Routine, T;N, once, Type: Blood

☐ Urinalysis w/Reflex Microscopic Exam
  Routine, T;N, once, Type: Urine, Nurse Collect

☐ Type and Screen
  Routine, T;N, for OR, Type: Blood

☐ Type and Crossmatch PRBC
  Routine, T;N, Type: Blood

  If blood products are not currently needed, place HOLD order below.(NOTE)*

☐ Hold PRBC
  Routine, T;N

☐ Transfuse PRBC's - Actively Bleeding
  Routine, T;N

☐ Transfuse PRBC's - Not Actively Bleeding
  Routine, T;N

Diagnostic Tests: Include Reason for Exam
Do not order if patient has Pre-Op clearance prior to date of admission(NOTE)*

☐ EKG
  Start at: T;N, Priority: Routine, Reason: Other, specify, PreOp

☐ Chest 2VW Frontal & Lat
  T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
  Comments: Reason for Exam: PreOp

☐ Chest 1VW Frontal
  T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable
  Comments: Reason for Exam: PreOp

Consults/Notifications/Referrals
☐ Physician Group Consult
  T;N, Group: Medical Anesthesia Group, Reason for Consult: for postoperative pain block.

Date _____________  Time _____________  Physician’s Signature _____________  MD Number ___________

*Report Legend:
DEF - This order sentence is the default for the selected order
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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