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: 
[ ] No known allergies

[ ] Medication allergy(s):

[ ] Latex allergy   [ ] Other:

Food/Nutrition

[ ] NPO       Start at: T;N, Comment: NPO after midnight morning of surgery

Patient Care

[ ] 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

[ ] Nursing Communication
T;N, Take previously prescribed blood pressure medications on morning of surgery with sips of water.

[ ] Nursing Communication
T;N, If diabetic, hold AM insulin and/or oral hypoglycemic medications the day of surgery

[ ] Whole Blood Glucose Nsg
T;N, once, If diabetic, bedside glucose on arrival to nursing unit day of surgery

[ ] IV Insert/Site Care
T;N,q4day

Continuous Infusions

[ ] Lactated Ringers
1,000 mL, IV, Routine, 10 mL/hr

[ ] Sodium Chloride 0.9%
1,000 mL, IV, Routine, 10 mL/hr

Medications

[ ] famotidine
20 mg, Tab, PO, N/A, Routine, Comment: with sips of water upon arrival day of surgery

[ ] Metoclopramide
10mg, Inj, IVPush, N/A, routine, preop on call to OR

[ ] citric acid-sodium citrate (Cytra-2)
30mL, oral soln. PO, N/A, routine, preop on call to OR

Laboratory

[ ] 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:

[ ] Pregnancy Screen Serum
STAT, T;N, Once, Type: Blood

[ ] Pregnancy Screen Urine
STAT, T;N, Once, Type: Urine

NOTE: If patient is a dialysis patient, place order below:

[ ] Potassium Level
STAT, T;N, Once, Type: Blood

Consults/Notifications

[ ] Notify Physician-once
T;N, Notify Who: Anesthesia, Notify For: if patient has not received prescribed beta blocker within last 24 hours

[ ] Notify Physician-once
T;N, Notify Who: Anesthesia, Notify For: ________________________________

Date                          Time                  Physician's Signature                  MD Number

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