

ALLERGIC: NO YES _____

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
	Admit to:			IV Fluid:	
	Admit Date:			<input type="checkbox"/> Lactated Ringers at 100 mL/hour	
	Admit Diagnosis:			<input type="checkbox"/> Transdermal scopolamine (i.e. Transdermscop)	
	<input type="checkbox"/> Adjustable gastric band			Apply one patch behind ear on admission.	
	<input type="checkbox"/> Roux-en-y gastric bypass:			<input type="checkbox"/> Heparin 5,000 units subcutaneous on call to OR	
	<input type="checkbox"/> Sleeve gastrectomy			Prophylactic Antibiotics will be administered at time of induction of anesthesia.	
	<input type="checkbox"/> Other:			<input type="checkbox"/> Cefazolin (ie.e Ancef) 2 g IV x1	
	<input type="checkbox"/> Morbid obesity without Sleep Apnea			If allergic to Cefazolin:	
	<input type="checkbox"/> Morbid obesity with Sleep Apnea			<input type="checkbox"/> Clindamycin (i.e. Cleocin) 600 mg IV x 1	
	Body Mass Index:			Alternate antibiotics:	
	Level of Care:			<input type="checkbox"/> Vancomycin (i.e. Vancocin) 1.5 g IV to begin 1 hour prior to Induction. Infuse over 60 minutes	
	<input type="checkbox"/> Inpatient			Rationale for Vancomycin:	
	<input type="checkbox"/> 23 Hour			<input type="checkbox"/> Beta-lactam, penicillin, or cephalosporin allergy	
	Nursing			<input type="checkbox"/> Known prior colonization with MRSA	
	<input type="checkbox"/> Vital signs on admission			<input type="checkbox"/> Acute inpatient hospitalization within past year	
	<input type="checkbox"/> Weight on admission			<input type="checkbox"/> Long term care resident within past year	
	<input type="checkbox"/> Start IV, left arm if possible			<input type="checkbox"/> Increased MRSA rate, facility-wide or procedure-specific	
	<input type="checkbox"/> Apply foot sleeves on admission to unit for sequential compression device (SCD)			<input type="checkbox"/> Presence of a chronic wound care or on dialysis	
	<input type="checkbox"/> EKG (>50 years old, if not present on chart)			<input type="checkbox"/> In-patient stay more 24 hours prior to surgery	
	<input type="checkbox"/> NPO			<input type="checkbox"/> Other reason: _____	
	Pre-operative Bloodwork:			<input type="checkbox"/> Acetaminophen 1g IV. To be given after induction of anesthesia	
	<input type="checkbox"/> Type and Screen STAT (if not present on chart)				
	<input type="checkbox"/> PT/INR if Coumadin/Lovenox recently discontinued in the past 7 days.				
	<input type="checkbox"/> Pregnancy test (urine) upon admission. Contact surgeon if results are positive.				
	<input type="checkbox"/> Fingerstick glucose on all patients on admission to unit. Call patient's Endocrinologist for result > 126 or history of diabetes. If no Endocrinologist or not available, contact Diabetes Life Care provider.				

PHYSICIAN'S ORDER FORM

6804

