

Check box to initiate order

549438 R06/11

PRE-OP AMBULATORY SURGERY ORDERS

**ALLERGIC:**  NO  YES

HH Forms 549438 R06/11

PHYSICIAN'S ORDER FORM

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
	<b>Admit to: Ambulatory Surgery</b>			<b>Patient Weight:</b> _____	
	<b>Admit Date:</b>			<b>Prophylactic antibiotics will be administered at induction with the exception of Vancomycin and Levofloxacin.</b>	
	<b>Admit DX:</b>			<b>Prophylactic Antibiotics:</b>	
	<b>Intravenous Fluids:</b>			<input type="checkbox"/> Antibiotic Not Indicated	
	Start IV as indicated by OR procedure			<input type="checkbox"/> Tobramycin _____ mg IV x1	
	Vital Signs on admission			99lbs-142lbs (45kg to 64kg)=120mg of tobra	
	<b>NPO</b>			143lbs-164lbs (65kg to 74kg)=140mg of tobra	
	<b>OTHER:</b>			165lbs-186lbs (75kg to 84kg)=160mg of tobra	
	Pre-Operative Bloodwork (on admission):			187lbs-208lbs (85kg to 94kg)=180mg of tobra	
	Diabetes patients: Finger-stick Blood Glucose			209lbs-307lbs (95kg to 139kg)=200mg of tobra	
	Dialysis patients: I-stat Na, K, HCT			308lbs-363lbs (140kg to 165kg)=220mg of tobra	
	<b>OTHER:</b>			<input type="checkbox"/> Cefazolin (Ancef®) 2 g IV x 1	
	<input type="checkbox"/> Urine HCG			<input type="checkbox"/> Clindamycin (Cleocin®) 600 mg IV x 1	
				<input type="checkbox"/> Metronidazole (Flagyl®) 500 mg IV x 1	
	<b>If Vancomycin is the antibiotic of choice, please document the rationale by checking all that apply</b>			<input type="checkbox"/> Doxycycline 100 mg IV x 1	
	<input type="checkbox"/> Beta-Lactam, penicillin or cephalosporin allergy			<input type="checkbox"/> Ceftriaxone (Rocephin®) 1g IV x1	
	<input type="checkbox"/> Known prior colonization with MRSA			<input type="checkbox"/> Levofloxacin (Levaquin®) 500 mg IV x1 to begin 1	
	<input type="checkbox"/> Acute inpatient hospitalization within the past year			hour prior to Induction. Infuse over 60 minutes.	
	<input type="checkbox"/> Long Term care Resident within the past year			<input type="checkbox"/> <b>If patient &lt; 100kg/220 lbs give</b>	
	<input type="checkbox"/> Increased MRSA rate, either facility-wide or procedure specific			<b>Vancomycin (Vancocin®) 1 g IV x1 to begin 1</b>	
	<input type="checkbox"/> Presence of a chronic wound care or on dialysis			hour prior to induction. Infuse over 90 minutes.	
	<input type="checkbox"/> In-patient stay more than 24 hours prior to surgery			<input type="checkbox"/> <b>If patient &gt; 100kg/220 lbs give</b>	
	<input type="checkbox"/> Other reason, please provide rationale:			<b>Vancomycin (Vancocin®) 1.5 g IV x1 to begin 1</b>	
				hour prior to induction. Infuse over 90 minutes.	



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