

Check box to  
initiate order

549316 R01/09

**PRE OP LUMBAR FUSION**

**IMPORTANT**  
Position patient  
ID plate so it is  
to the **LEFT** of  
the arrow

**ALLERGIC:**  NO  YES

HH Forms 549316 R01/09 Printed by the Digital Print Center @ HH

**PHYSICIANS ORDER FORM**

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders) (check box)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components) (check box)	NOTED BY WHOM
	Admit as Inpatient			IV: Start with #18g needle 1000 ml Lactated Ringers at 100 ml/hr pre-op	
	Admit Diagnosis:			Prophylactic Antibiotic <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Admit Date/Time:			<input type="checkbox"/> Cefazolin (i.e. Ancef) 2g IV 30 minutes prior to induction of anesthesia	
	ACTIVITY: ad lib				
	LABS: (order stat if not on chart)				
	<input type="checkbox"/> CBC with diff <input type="checkbox"/> B.S.				
	<input type="checkbox"/> LYLES <input type="checkbox"/> PT/INR				
	<input type="checkbox"/> BUN <input type="checkbox"/> P.T.T.				
	<input type="checkbox"/> CREATININE <input type="checkbox"/> URINALYSIS reflex to culture				
	<input type="checkbox"/> TYPE & SCREEN				
	Blood Bank confirms <input type="text"/> units auto. blood			Please see page 2 for Vanco orders and Rationale	
	EKG: (>age 50 if not on chart)				
	Anesthesia to see				
	Clip and prep for lumbar fusion				
	Void on call to O.R.				
	Old hospital records to O.R.				
	Vital signs on admission				
	Apply TED stockings/ace wraps/PAS stockings on preop unit				
	NPO				
	Confirm/Order _____ Brace from _____				



