



PROVIDER ORDERS

GYN GYNECOLOGICAL SURGERY PRE-OP (3040100080)

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Location

- Boise Surgery, Boise COU, Surgery Center Boise, Surgery Center Meridian, Boise Endo, Meridian Endo, Meridian Surgery, Wood River OR/Endo, OSC - River Street, OSC - Robbins, Magic Valley, Elmore, Jerome, McCall, Nampa

Patient Name (First, middle initial and last):
Date of Birth: Phone Number: Case Number: Date of Surgery:
Provider Name: Allergies:
Weight: kg Height: cm Diagnosis: Interpretation Services; Language:

Pre Admission Testing N/A

- CBC, APTT, Prottime-INR, Basic Metabolic Panel, Comprehensive Metabolic Panel, Glycohemoglobin A1C, XR chest 2 view, Hepatic Function Panel, Urinalysis w/C&S if indicated, MRSA and SA Screen by PCR, ECG 12 lead (obtain if no ECG results within 30 days), ECG 12 lead (obtain if no ECG results within 6 months), Other:

OR Code Status (Pre-Op)

- Default Full Code (Not Discussed), Full code, Modified code, DNR/DNI

Code Status - After choosing the appropriate code status please indicate whether this code status will be respected or suspended in the OR

- Respect Current Code Status, Suspend Code Status (Full Code in OR)

General (Pre-Op)

- Admit to Inpatient, Hospital Outpatient Surgery (discharge home from PACU), Hospital Outpatient Surgery (with bed)

Diet (Pre-Op)

- Adult NPO Diet, Adult Diet Regular / General, Other:

Nursing (Pre-Op)

- Weigh Patient, Sequential compression device, Verify informed Consent, Skin Prep (surgical preparation, hair removal, clippers), Insert Indwelling Urinary Catheter

Labs (Pre-Op / Day of Surgery) N/A

- CBC, APTT, Comprehensive Metabolic Panel, Urinalysis w/C&S if Indicated, POCT blood glucose if diabetic, Prottime-INR, Basic Metabolic Panel, Type and Screen, HCG urine pregnancy, POCT urine pregnancy policy, Other: N/A

Blood Bank Tests and Products (Pre-Op) N/A

If preparing blood for a planned surgery, a Type and Screen needs to be resulted within 72 hours of product administration.

- Type and Screen, Prepare RBC, Donor source options: Blood Bank, Autologous, Indications: Surgical Blood Product, Request for special products: CMV Negative, Irradiated

Imaging (Pre-Op / Day of Surgery) N/A

- XR abdomen 2 view with chest 1 view, Other:

Procedures and Other Tests (Pre-Op) N/A

- ECG 12 lead (New order to be completed day of surgery), ECG 12 lead (obtain if no ECG results within 6 months), ECG 12 lead (obtain if no ECG results within 30 days), Other:



PROVIDER INITIALS:

PATIENT LABEL



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Patient Name (First, middle initial and last): _____

IV (Pre-Op)

- Initiate IV protocol – Adult Saline Lock IV Other:

Antibiotics (Pre-Op) N/A

- ceFAZolin (ANCEF) IVPB 2 g x 1 dose, within one hour of incision time, for 30 minutes. For patients less than 120 kg.
ceFAZolin (ANCEF) IVPB 3 g x 1 dose, within one hour of incision time, for 30 minutes. For patients greater than or equal to 120 kg.
ampicillin-sulbactam (UNASYN) IVPB 3 g x 1, 1 hour prior to incision time, for 30 Minutes
cefoTEtan (CEFOTAN) IVPB 2 g x 1 dose, 1 hour prior to incision time, for 30 Minutes
cefOXitin (MEFOXIN) IVPB 2 g x 1 dose, 1 hour prior to incision time, for 30 Minutes
cefUROXime (ZINACEF) IVPB 1.5 g x 1 dose, 1 hour prior to incision time, for 30 Minutes
Other:

If Severe Penicillin Allergy

- clindamycin (CLEOCIN) 900 mg x 1 dose, IV, 1 hour prior to incision time, for 30 Minutes AND
levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose, IV, 2 hours prior to incision time, for 60 Minutes
clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, for 30 Minutes AND
gentamicin (GARAMYCIN) 80 mg x 1 dose, IV, 1 hour prior to incision time
clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, for 30 Minutes AND
tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, for 60 Minutes
clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, for 30 Minutes AND
ciprofloxacin (CIPRO) 400 mg x 1 dose, 2 hours prior to incision time
metronidazole (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, for 60 Minutes AND
levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose 2 hours prior to incision time, for 60 Minutes
metronidazole (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, for 60 Minutes AND
gentamicin (GARAMYCIN) 80 mg x 1 dose, 1 hour prior to incision time
metronIDAZOLE (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, for 60 Minutes AND
tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, for 60 Minutes
metronIDAZOLE (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, for 60 Minutes AND
ciprofloxacin (CIPRO) 400 mg x 1 dose, 2 hours prior to incision time
vancomycin (VANCOCIN) 1,000 mg x 1 dose, 2 hours prior to incision time AND
levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose, two hours prior to incision time, for 60 minutes
vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time AND
gentamicin (GARAMYCIN) 80 mg x 1 dose, 1 hour prior to incision time
vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time AND
tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, for 60 Minutes
vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time AND
ciprofloxacin (CIPRO) 400 mg x 1 dose, 2 hours prior to incision time

Other Medications (Pre-Op) N/A

- Heparin subcutaneous injection 5,000 units x 1 dose sodium phosphates (FLEET) enema 118 mL x 1 dose, Rectal, Night before surgery
Betadine Douche Other:

Anesthesia N/A

- Bier Block Epidural General
Local with NO Sedation (No Anesthesia Resource involved) Local with Conscious Sedation (No Anesthesia resource involved)
SAB MAC TIVA Regional Block TBD by Anesthesia

Type of Optional Post-Op Analgesia N/A

- Adductor canal Sciatic Non specified Brachial plexus block
Caudal Transverse Abdominis Plane Saphenous
Fascia iliaca Bier block Spinal with Morphine
Interscalene Epidural Anesthesia providers choice
Popliteal Femoral Other – Comment Required

Additional Orders (any medication orders must include medication, dose, route and phase of care) N/A

PROVIDER SIGNATURE:

DATE:

TIME: