

General

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

[] Other Diagnostic Studies

<input type="checkbox"/> ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+366, Pre-Admission Testing
<input type="checkbox"/> Pv carotid duplex	Status: Future, Expires: S+366, Routine, Clinic Performed
<input type="checkbox"/> Us vein mapping lower extremity	Status: Future, Expires: S+366, Routine, Clinic Performed

[] Respiratory

<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Diffusion capacity	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Spirometry	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?

[] Laboratory: Preoperative Testing Labs - All Facilities

<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Clinic Collect LabCorp Has the patient fasted? Pre-Admission Testing
<input type="checkbox"/> Comprehensive metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Partial thromboplastin time	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hepatic function panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Platelet function analysis	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hemoglobin A1c	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Type and screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> hCG qualitative, serum screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> POC pregnancy, urine	Routine, Point Of Care, Pre-Admission Testing
<input type="checkbox"/> Urinalysis, automated with microscopy	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

[] Laboratory: Additional Labs - HMWB, HMSJ, HMSTJ, HMTW

<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/> CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> HIV 1, 2 antibody	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Laboratory: Additional Labs - HMSL, HMW	
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Rapid HIV 1 & 2	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Laboratory: Additional Labs - HMM	
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	HIV Ag/Ab combination	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/> Oral supplements	Routine Can/Bottle Supplements (8oz/240mL): Ensure Clear (for PREOP only) Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Number of Cans/Bottles (8oz/240mL) each administration: Pre-op
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IV Fluids

Insert and Maintain IV

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, Pre-op

IV Bolus (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Pre-op
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Medications

Antibiotics (Single Response)

<input type="checkbox"/> ertapenem (INVanz) IV	1 g, intravenous, once, For 1 Doses, Pre-op On hold to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> IF allergic to Invanz: levofloxacin (LEVAQUIN) IV and metronidazole (FLAGYL) IV	"And" Linked Panel
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On hold to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> metronidazole (FLAGYL)	500 mg, intravenous, once, For 1 Doses, Pre-op On hold to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:

Antibiotics (Additional) (Single Response)

<input type="checkbox"/> ceFAZolin (ANCEF) IV and metronidazole (FLAGYL) IV - For patient GREATER than 120 kg	"And" Linked Panel
<input type="checkbox"/> ceFAZolin (ANCEF) IV - For patient GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Reason for Therapy:
<input type="checkbox"/> metronidazole (FLAGYL)	500 mg, intravenous, once, For 1 Doses, Pre-op Reason for Therapy:
<input type="checkbox"/> ceFAZolin (ANCEF) IV and metronidazole (FLAGYL) IV - For patient LESS than or EQUAL to 120 kg	"And" Linked Panel
<input type="checkbox"/> ceFAZolin (ANCEF) IV - For patient LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Reason for Therapy:

<input type="checkbox"/> metronidazole (FLAGYL)	500 mg, intravenous, once, For 1 Doses, Pre-op Reason for Therapy:
<input type="checkbox"/> cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses, Pre-op Reason for Therapy:
Other meds	
<input type="checkbox"/> gabapentin (NEURONTIN) Oral	300 mg, oral, once, For 1 Doses, Pre-op 1-2 hours before surgery Discontinue if: ** End Stage Renal Disease on hemodialysis ** Pregnant
<input type="checkbox"/> acetaminophen (OFIRMEV) intravenous solution	1,000 mg, intravenous, for 15 Minutes, every 8 hours, For 24 Hours, Pre-op
<input checked="" type="checkbox"/> alvimopan (ENTEREG) capsule	12 mg, oral, once, For 1 Doses, Pre-op 1-2 hours before surgery Contraindications: ** Contraindicated in bowel obstruction patients ** Childs -Pugh B&C ** ESRD ** Active therapeutic use of narcotics RESTRICTED to Gastroenterology specialists. Are you a Gastroenterology specialist or ordering on behalf of one?

VTE

Labs

Labs

<input checked="" type="checkbox"/> CBC and differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input checked="" type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input checked="" type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input checked="" type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences Notify Anesthesia for blood glucose level greater than 120 , Pre-op
<input type="checkbox"/> Amylase	Once, Pre-op
<input type="checkbox"/> Calcium	Once, Pre-op
<input checked="" type="checkbox"/> Magnesium	Once, Pre-op
<input checked="" type="checkbox"/> Phosphorus	Once, Pre-op
<input type="checkbox"/> Prealbumin level	Once, Pre-op
<input type="checkbox"/> Pregnancy, urine	Once, Pre-op
<input checked="" type="checkbox"/> Type and screen	Once, Pre-op
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op

IBD Labs

<input type="checkbox"/> Sedimentation rate	Once, Pre-op
<input type="checkbox"/> C-reactive protein	Once, Pre-op

Colon Cancer

<input type="checkbox"/> Carcioembryonic antigen	Once, Pre-op
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Cardiology

Imaging

Other Studies

Respiratory

Respiratory

<input type="checkbox"/> Oxygen therapy nasal cannula 2 Lpm	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy: Pre-op
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Rehab

Consults

Additional Orders

Ancillary Consults

<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Pre-op
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