

General

Case Request

- | | |
|--|---------|
| <input type="checkbox"/> Case request operating room | Details |
| <input type="checkbox"/> Case request cath lab | Details |

Nursing

Nursing Care

- | | |
|---|---|
| <input type="checkbox"/> Complete consent for | Routine, Once
Procedure:
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
Scheduling/ADT |
|---|---|

Nursing Communication

- | | |
|---|---|
| <input type="checkbox"/> If unable to draw blood peripherally, may use dialysis catheter. | |
| <input type="checkbox"/> If unable to draw blood peripherally, may use dialysis catheter. | Routine, Until discontinued, Starting S
If dialysis catheter is used for IV access, flush used port with Heparin per protocol., Scheduling/ADT |
| <input type="checkbox"/> HEParin (porcine) injection | 2,000 Units, intravenous, once, For 1 Doses, Scheduling/ADT
Pack Port 1 |
| <input type="checkbox"/> HEParin (porcine) injection | 2,000 Units, intravenous, once, For 1 Doses, Scheduling/ADT
Pack Port 2 |
| <input type="checkbox"/> No SCD's intraop | Routine, Until discontinued, Starting S, Pre-op |

Diet and Fluids

- | | |
|--|---|
| <input type="checkbox"/> NPO | Diet effective now, Starting S
NPO:
Pre-Operative fasting options:
Scheduling/ADT |
| <input checked="" type="checkbox"/> NPO - Midnight | Diet effective midnight, Starting S+1 at 12:01 AM
NPO: Except meds
Pre-Operative fasting options:
Scheduling/ADT |
| <input type="checkbox"/> sodium chloride 0.9 % infusion | intravenous, continuous, Scheduling/ADT
Start at midnight. |
| <input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion | intravenous, continuous, Scheduling/ADT
Start at midnight. |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | intravenous, continuous, Scheduling/ADT
Start at midnight. |

IV Fluids

IV Fluids (Single Response)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % infusion | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> lactated Ringer's infusion | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % infusion | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % infusion | 75 mL/hr, intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion | 75 mL/hr, intravenous, continuous |

Medications

PreOp Antibiotics: For Patients GREATER than 120 kg (Single Response)

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	"And" Linked Panel
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than 120 kg	"And" Linked Panel
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis

PreOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If Beta-Lactam Allergic: vancomycin + levofloxacin (LEVAQUIN) IV	"And" Linked Panel
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients LESS than or EQUAL to 120 kg	"And" Linked Panel
<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis

IV - Hydration Protocol

<input checked="" type="checkbox"/> Pre-Procedure (Single Response)	
<input type="checkbox"/> Inpatient (Single Response)	
<input type="checkbox"/> Patients with EF LESS than 40% or with evidence of fluid overload	125 mL/hr, intravenous, continuous 125 mL/hr x 2 hours = 250 mL
<input type="checkbox"/> Patients with EF GREATER than 40% or no evidence of fluid overload	1 mL/kg/hr, intravenous, continuous Start 12 hours pre-procedure (overnight)
<input type="checkbox"/> Outpatient (Single Response)	

<input type="checkbox"/> Patients with EF LESS than 40% or with evidence of fluid overload	125 mL/hr, intravenous, continuous 125 mL/hr x 2 hours = 250 mL
<input type="checkbox"/> Patients with EF GREATER than 40% or no evidence of fluid overload	250 mL/hr, intravenous, continuous 250 mL/hr NS for 2 hours = total 500 mL NS
[X] Intra-Procedure (Single Response)	
<input type="checkbox"/> Patients with EF LESS than 40% or with evidence of fluid overload	1 mL/kg/hr, intravenous, continuous, Intra-op Infuse for duration of procedure
<input type="checkbox"/> Patients with EF GREATER than 40% or no evidence of fluid overload	1.5 mL/kg/hr, intravenous, continuous, Intra-op Infuse for duration of procedure

Contrast Allergy (Single Response)

<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	32 mg, oral, daily, For 2 Doses Administer 12 hours and 2 hours PRIOR to surgery.
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 4 hours Until surgery.
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	50 mg, intravenous, once, For 1 Doses Administer 1 hour PRIOR to surgery.

VTE

Labs

Labs

<input type="checkbox"/> COVID-19 qualitative PCR - Nasal Swab	Once Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Scheduling/ADT
<input type="checkbox"/> Type and screen	
<input type="checkbox"/> Type and screen	AM draw, Starting S+1 For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation
<input type="checkbox"/> Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> Prothrombin time with INR	AM draw, Starting S+1 For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> hCG qualitative, urine screen	AM draw, Starting S+1 For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site: Pre-op
<input checked="" type="checkbox"/> MRSA screen culture	Once For 1 Occurrences, Nares, Pre-op
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once For 1 Occurrences, Pre-op

Cardiology

Testing

<input type="checkbox"/> XR Chest 1 Vw Portable - Tomorrow AM	Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/> ECG 12 lead	Routine, Once, Starting S+1 at 4:00 AM Clinical Indications: Pre-Op Clearance Interpreting Physician: Scheduling/ADT

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders
