

Pre Anesthesia Testing

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+365, Pre-Admission Testing |
| <input type="checkbox"/> Pv carotid duplex | Status: Future, Expires: S+365, Routine, Clinic Performed |
| <input type="checkbox"/> Us vein mapping lower extremity | Status: Future, Expires: S+365, Routine, Clinic Performed |
| <input type="checkbox"/> Us duplex venous lower extremity | Status: Future, Expires: S+365, Routine, Clinic Performed |

[] Respiratory

| | |
|--|---|
| <input type="checkbox"/> Spirometry pre & post w/ bronchodilator | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |
| <input type="checkbox"/> Body Plethysmographic lung volumes | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |
| <input type="checkbox"/> Diffusion capacity | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |
| <input type="checkbox"/> Spirometry | Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type? |

[] Laboratory: Preoperative Testing Labs - All Facilities

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|--|---|
| <input type="checkbox"/> COVID-19 qualitative PCR - Nasal Swab | Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-Admission Testing |
| <input type="checkbox"/> CBC with platelet and differential | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Comprehensive metabolic panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Basic metabolic panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Prothrombin time with INR | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Partial thromboplastin time | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Hepatic function panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Platelet function analysis | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Hemoglobin A1c | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Type and screen | |
| <input type="checkbox"/> Type and screen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> ABO and Rh confirmation | Once, Blood Bank Confirmation |
| <input type="checkbox"/> hCG qualitative, serum screen | Routine, Status: Future, Expires: S+365, 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+365, Clinic Collect, Pre-Admission Testing |

[] Laboratory: Additional Labs - HMWB, HMCL, HMTW

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|---|--|
| <input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture | Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing |
| <input type="checkbox"/> CBC hemogram | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | HIV 1, 2 antibody | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Syphilis treponema screen with RPR confirmation (reverse algorithm) | Routine, Status: Future, Expires: S+365, Clinic Collect |
| <input type="checkbox"/> | Hepatitis acute panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Thromboelastograph | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Vitamin D 25 hydroxy level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | MRSA PCR | Routine, Status: Future, Expires: S+365, Clinic Collect, Nares, Pre-Admission Testing |
| <input type="checkbox"/> | T3 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | T4 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Thyroid stimulating hormone | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Prostate specific antigen | Routine, Status: Future, Expires: S+365, 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+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing |
| <input type="checkbox"/> | CBC hemogram | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Rapid HIV 1 & 2 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Syphilis treponema screen with RPR confirmation (reverse algorithm) | Routine, Status: Future, Expires: S+365, Clinic Collect |
| <input type="checkbox"/> | Hepatitis acute panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Thromboelastograph | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Vitamin D 25 hydroxy level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | MRSA PCR | Routine, Status: Future, Expires: S+365, Clinic Collect, Nares, Pre-Admission Testing |
| <input type="checkbox"/> | T3 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | T4 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Thyroid stimulating hormone | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Prostate specific antigen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Laboratory: Additional Labs - HMH, HMSJ | |
| <input type="checkbox"/> | Urinalysis screen and microscopy, with reflex to culture | Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing |
| <input type="checkbox"/> | CBC hemogram | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | HIV Ag/Ab combination | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Syphilis treponema screen with RPR confirmation (reverse algorithm) | Routine, Status: Future, Expires: S+365, Clinic Collect |
| <input type="checkbox"/> | Hepatitis acute panel | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Thromboelastograph | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |

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|--------------------------|---|---|
| <input type="checkbox"/> | Vitamin D 25 hydroxy level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | MRSA PCR | Routine, Status: Future, Expires: S+365, Clinic Collect, Nares, Pre-Admission Testing |
| <input type="checkbox"/> | T3 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | T4 | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Thyroid stimulating hormone | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Prostate specific antigen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Laboratory: Additional for Bariatric patients | |
| <input type="checkbox"/> | Lipid panel | Routine, Status: Future, Expires: S+365, Clinic Collect Has the patient been fasting for 8 hours or more? Pre-Admission Testing |
| <input type="checkbox"/> | hCG qualitative, serum screen | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Total iron binding capacity | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | T4, free | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Thyroid stimulating hormone | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Hemoglobin A1c | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Parathyroid hormone | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | CBC with platelet and differential | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Prothrombin time with INR | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Partial thromboplastin time, activated | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Vitamin A level, plasma or serum | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Vitamin B12 level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Vitamin D 25 hydroxy level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Copper level, serum | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Folate level | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Vitamin B1 level, whole blood | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> | Zinc level, serum | Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing |

Case Requests

Cardiac Catherization Case Requests (Single Response)

(X) Case request Cath Lab

Scheduling/ADT, Scheduling/ADT

Nursing

Informed Consent

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| <input checked="" type="checkbox"/> Complete Consent For Disclosure and consent for anesthesia, sedation and pain management. | Routine, Once Consent For: 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete Consent For Selective coronary arteriogram | Routine, Once Consent For: Selective coronary arteriogram 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete Consent For Left heart catheterization | Routine, Once Consent For: Left heart catheterization 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete Consent For Percutaneous coronary intervention | Routine, Once Consent For: Percutaneous coronary intervention 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete Consent For Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram | Routine, Once Consent For: Right and left heart catheterization, Selective coronary angiogram, Left ventriculogram 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete Consent For Abdominal angiogram | Routine, Once Consent For: Abdominal angiogram 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? Place on chart., Pre-op |

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| <input type="checkbox"/> Complete Consent For Abdominal angiogram and bilateral femoral angiogram | Routine, Once Consent For: Abdominal angiogram and bilateral femoral angiogram 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete consent for right heart catheterization | 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete consent for intra-aortic balloon pump | 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete consent for ventricular assist device | 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete consent for carotid angiogram | 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete consent for subclavian angiogram | 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? Place on chart., Pre-op |

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|--|--|
| <input type="checkbox"/> Complete consent for coronary atherectomy | 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete consent for pulmonary angiogram | 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? Place on chart., Pre-op |
| <input type="checkbox"/> Complete Consent For | Routine, Once Consent For: 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? Place on chart., Pre-op |
| Intervention Consent | |
| <input type="checkbox"/> Complete consent for peripheral vascular intervention | Routine, Once Procedure: Peripheral vascular intervention 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? Pre-op |
| <input type="checkbox"/> Complete consent for percutaneous pulmonary artery intervention | Routine, Once Procedure: Percutaneous pulmonary artery intervention 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? Pre-op |
| <input type="checkbox"/> Complete consent for carotid intervention | Routine, Once Procedure: Carotid intervention 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? Pre-op |

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| <input type="checkbox"/> Complete consent for interatrial septal puncture | Routine, Once Procedure: Interatrial septal puncture 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? Pre-op |
| <input type="checkbox"/> Complete consent for balloon aortic valvuloplasty | Routine, Once Procedure: Balloon aortic valvuloplasty 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? Pre-op |
| <input type="checkbox"/> Complete consent for balloon mitral valvuloplasty | Routine, Once Procedure: Balloon mitral valvuloplasty 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? Pre-op |
| <input type="checkbox"/> Complete consent for atrial septal defect closure | Routine, Once Procedure: Atrial septal defect closure 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? Pre-op |
| <input type="checkbox"/> Complete consent for pulmonic valve replacement | Routine, Once Procedure: Pulmonic valve replacement 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? Pre-op |

Diet (Single Response)

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|--|---|
| <input type="checkbox"/> NPO - except meds | Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options: No solids or non clear liquids up to six hours prior to procedure. No clear liquids., Pre-op |
| <input type="checkbox"/> NPO | Diet effective ____ NPO: Pre-Operative fasting options: After breakfast. No solids or non clear liquids up to six hours prior to procedure. No clear liquids., Pre-op |

| | |
|---|---|
| <input type="checkbox"/> Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior | Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to four hours prior to procedure, Pre-op |
| <input type="checkbox"/> Diet - Clear liquids up to two hours prior to the procedure | Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Clear liquids up to two hours prior to the procedure, Pre-op |
| <input type="checkbox"/> Diet - Solids and non-clear liquids up to six hours prior to procedure, clear liquids up to two hours prior | Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Solids or non clear liquids up to six hours prior to procedure. No clear liquids up to two hours prior to procedure., Pre-op |

IV Fluids

Peripheral IV Access

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

IV Hydration - Prevention of Contrast Induced Nephropathy

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|---|--|
| <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 |
| <input checked="" type="checkbox"/> 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 Inf use 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 Inf use for duration of procedure |

Medications

Medications

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|--|----------------------------|
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet | 81 mg, oral, daily, Pre-op |
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Antihyperlipidemic Agents (Single Response)

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|---|------------------------------|
| <input type="checkbox"/> Moderate Intensity (Single Response) | |
| <input type="checkbox"/> atorvastatin (LIPITOR) tablet - Moderate Intensity | 10 mg, oral, nightly, Pre-op |

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|---|------------------------------|
| <input type="checkbox"/> atorvastatin (LIPITOR) tablet - Moderate Intensity | 20 mg, oral, nightly, Pre-op |
| <input type="checkbox"/> rosuvastatin (CRESTOR) tablet - Moderate Intensity | 10 mg, oral, nightly, Pre-op |
| <input type="checkbox"/> High Intensity (Single Response) | |
| <input type="checkbox"/> atorvastatin (LIPITOR) tablet - High Intensity | 40 mg, oral, nightly, Pre-op |
| <input type="checkbox"/> atorvastatin (LIPITOR) tablet - High Intensity | 80 mg, oral, nightly, Pre-op |
| <input type="checkbox"/> rosuvastatin (CRESTOR) tablet - High Intensity | 20 mg, oral, nightly, Pre-op |

Medications IV

| | |
|--|---|
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection | 25 mg, intravenous, once, For 1 Doses, Pre-op On call to catheterization laboratory. |
| <input type="checkbox"/> famotidine (PEPCID) injection | 20 mg, intravenous, once, For 1 Doses, Pre-op On call to catheterization laboratory. |
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection | 100 mg, intravenous, Pre-op On call to catheterization laboratory. |

Labs

COVID-19 Qualitative PCR

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|--|---|
| <input type="checkbox"/> COVID-19 qualitative PCR - Nasal Swab | STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-op |
|--|---|

Labs

| | |
|---|--------------|
| <input type="checkbox"/> Basic metabolic panel | Once, Pre-op |
| <input type="checkbox"/> CBC with platelet and differential | Once, Pre-op |
| <input type="checkbox"/> Prothrombin time with INR | Once, Pre-op |
| <input type="checkbox"/> Partial thromboplastin time | Once, Pre-op |
| <input type="checkbox"/> hCG, serum, qualitative | Once, Pre-op |

Cardiology

ECG

| | |
|--|--|
| <input type="checkbox"/> ECG Pre/Post Op | Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op |
|--|--|