

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+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

- | | |
|---|---|
| <input type="checkbox"/> COVID-19 qualitative RT-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

- | | |
|---|--|
| <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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Routine, Status: Future, Expires: S+365, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): 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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Routine, Status: Future, Expires: S+365, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing

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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Routine, Status: Future, Expires: S+365, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing

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 Request (Single Response)

<input type="checkbox"/>	DEBRIDEMENT, LOWER EXTREMITY	Panel 1 DEBRIDEMENT, LOWER EXTREMITY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	DEBRIDEMENT	Panel 1 DEBRIDEMENT, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	DEBRIDEMENT, TRUNK	Panel 1 DEBRIDEMENT, TRUNK, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	REVISION, RECONSTRUCTION, BREAST	Panel 1 REVISION, RECONSTRUCTION, BREAST, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	RECONSTRUCTION, BREAST, WITH DIEP SKIN FLAP	Panel 1 RECONSTRUCTION, BREAST, WITH DIEP SKIN FLAP, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	BIOPSY, BREAST, WITH NEEDLE LOCALIZATION	Panel 1 BIOPSY, BREAST, WITH NEEDLE LOCALIZATION, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	INCISIONAL BIOPSY, BREAST	Panel 1 INCISIONAL BIOPSY, BREAST, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	MAMMOPLASTY, REDUCTION	Panel 1 MAMMOPLASTY, REDUCTION, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	CAPSULECTOMY, BREAST, WITH IMPLANT REMOVAL	Panel 1 CAPSULECTOMY, BREAST, WITH IMPLANT REMOVAL, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	MASTOPEXY	Panel 1 MASTOPEXY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	ABDOMINOPLASTY	Panel 1 ABDOMINOPLASTY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	MASTECTOMY, SIMPLE	Panel 1 MASTECTOMY, SIMPLE, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	MASTECTOMY, MODIFIED RADICAL OR SIMPLE	Panel 1 MASTECTOMY, MODIFIED RADICAL OR SIMPLE, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/>	Case request operating room	Scheduling/ADT, Scheduling/ADT

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

<input type="checkbox"/>	Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Pre-op
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Nursing

Vital Signs

<input checked="" type="checkbox"/>	Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol, Pre-op
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<input type="checkbox"/> Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Pre-op
Activity/Positioning	
<input checked="" type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance Pre-op
Nursing Care	
<input checked="" type="checkbox"/> Height and weight	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Straight cath	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Insert and Maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Pre-op
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Pre-op
<input type="checkbox"/> Nasogastric Tube Insert and Maintain	
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type: Pre-op
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: Pre-op
<input type="checkbox"/> Apply warming blanket	Routine, Once, Pre-op
<input type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences Notify MD for blood glucose less than 70 and greater than 180, Pre-op
<input type="checkbox"/> Limb precautions	Location: Precaution: Pre-op
<input type="checkbox"/> Do not apply Mepilex	Routine, Until discontinued, Starting S, Pre-op
<input checked="" type="checkbox"/> Confirm NPO Status	Routine, Until discontinued, Starting S, Pre-op
<input checked="" type="checkbox"/> Complete Consent For	Routine, Once Procedure: Pre-op diagnosis: 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"/> Patient education- Scopolamine patch side effect teaching	Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolamine patch side effect teaching Pre-op
Notify Physician	
<input checked="" type="checkbox"/> Notify Physician if current oral intake status could potentially delay procedure start time	Routine, Until discontinued, Starting S, if current oral intake status could potentially delay procedure start time, Pre-op

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO-After Midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO- Except sips with meds	Diet effective now, Starting S NPO: Except Sips with meds Pre-Operative fasting options: Pre-op
<input type="checkbox"/> Oral supplements - Ensure Clear	Routine Can/Bottle Supplements: Ensure Clear Number of Cans/Bottles each administration: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Pre-op

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	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	30 mL/hr, intravenous, continuous, Pre-op

Medications

Beta-Blockers

[] metoprolol (LOPRESSOR) injection	5 mg, intravenous, once, For 1 Doses, Pre-op BP & HR HOLD parameters for this order: Contact Physician if:
IV Antibiotics: For Patients GREATER than 120 kg	
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] cefepime (MAXIPIME) IV - For antipseudomonal coverage	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Use if patient penicillin allergic. On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
[] vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
IV Antibiotics: For Patients LESS than or EQUAL to 120 kg	
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] cefepime (MAXIPIME) IV - For antipseudomonal coverage	1 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Use if patient penicillin allergic. On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
[] vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:

On-Q Pump (Single Response)

<input type="checkbox"/> ropivacaine 0.2% (PF) (NAROPIN) solution for On-Q Pump	270 mL, infiltration, continuous, Pre-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional):
<input type="checkbox"/> ropivacaine 0.5% (PF) (NAROPIN) solution for On-Q Pump	270 mL, infiltration, continuous, Pre-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional):

VTE

Labs

COVID-19 Qualitative PCR

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

<input type="checkbox"/> CBC and differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Amylase	Once, Pre-op
<input type="checkbox"/> Calcium	Once, Pre-op
<input type="checkbox"/> Magnesium	Once, Pre-op
<input type="checkbox"/> Phosphorus	Once, Pre-op
<input type="checkbox"/> Type and screen	
<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation
<input type="checkbox"/> Pregnancy, urine	Once, Pre-op
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op

Labs

<input type="checkbox"/> CBC and differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Amylase	Once, Pre-op
<input type="checkbox"/> Calcium	Once, Pre-op
<input type="checkbox"/> Magnesium	Once, Pre-op
<input type="checkbox"/> Phosphorus	Once, Pre-op
<input type="checkbox"/> Type and screen	
<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation
<input type="checkbox"/> Pregnancy, urine	Once, Pre-op

Urinalysis screen and microscopy, with reflex to culture Once
Specimen Source: Urine
Specimen Site:
Pre-op

Thromboelastograph Once
Anticoagulant Therapy:
Diagnosis:
Fax Number (For TEG Graph Result):
Pre-op

Cardiology

Cardiology

ECG 12 lead Routine, Once
Clinical Indications:
Interpreting Physician:
Pre-op

CV pacemaker defib or ilr interrogation Routine, Once, Pre-op

Imaging

X-Ray

Chest 1 Vw Portable Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
 XR Abdomen 1 Vw Portable Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op

Other Studies

Neurophysiology

Intraoperative monitoring Routine, Once
Procedure:
O.R. Location:
Modality:
Pre-op

Respiratory

Respiratory

Oxygen therapy Routine, Continuous
Device: Nasal Cannula
Device:
Titrate to keep O2 Sat Above: 90%
Indications for O2 therapy: Other
Specify: Pre-op
Rate in liters per minute: 2 Lpm
Pre-op

Rehab

Consults

Ancillary Consults

Consult to Case Management Consult Reason:
Pre-op

Consult to Social Work Reason for Consult:
Pre-op

<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Pre-op
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Pre-op
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Pre-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Pre-op
<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: Reason for consult: Pre-op
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Pre-op

Additional Orders