

## 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"/> MRSA PCR	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares, Pre-Admission Testing

## [ ] 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> Laboratory: Additional Labs - HMH	
<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"/> 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"/> 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

### Case Request

<input type="checkbox"/> Case Request GI	Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case Request GI - EGD	Panel 1 ESOPHAGOGASTRODUODENOSCOPY (EGD), Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case Request GI - ERCP with Biopsy	Panel 1 ERCP WITH BIOPSY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case Request GI - PUSH Enteroscopy	Panel 1 PUSH ENTEROSCOPY, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case Request GI - Colonoscopy	Panel 1 COLONOSCOPY, Scheduling/ADT, Scheduling/ADT

## Consent

<input type="checkbox"/> Complete consent for Anesthesia/Sedation	Routine, Once Procedure: Anesthesia/Sedation 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-Procedure
<input type="checkbox"/> Complete consent for Esophagogastroduodenoscopy	Routine, Once Procedure: Esophagogastroduodenoscopy and indicated procedures 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? Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for Esophagogastroduodenoscopy with PEG insertion	Routine, Once Procedure: Esophagogastroduodenoscopy with PEG insertion and indicated procedures 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? Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for Endoscopic Retrograde Cholangiopancreatogram	Routine, Once Procedure: Endoscopic Retrograde Cholangiopancreatogram and indicated procedures 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? Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for Endoscopic Ultrasound	Routine, Once Procedure: Endoscopic Ultrasound and indicated procedures 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? Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure

<input type="checkbox"/> Complete consent for Enteroscopy	Routine, Once Procedure: Enteroscopy and indicated procedures 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? Please have patient sign {Lower/Upper:29007} GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for EUS Guided Pseudocyst drainage	Routine, Once Procedure: EUS Guided Pseudocyst drainage and indicated procedures 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? Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for Capsule Endoscopy	Routine, Once Procedure: Capsule Endoscopy and indicated procedures 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? Please have patient sign Upper GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for Colonoscopy	Routine, Once Procedure: Colonoscopy and indicated procedures 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? Please have patient sign Lower GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<input type="checkbox"/> Complete consent for Flexible Sigmoidoscopy	Routine, Once Procedure: Flexible Sigmoidoscopy and indicated procedures 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? Please have patient sign Lower GI Endoscopy Digestive Disease Addendum to Disclosure and Consent, Pre-Procedure
<b>Diet</b>	
<input type="checkbox"/> NPO after Midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-Procedure

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-Procedure
<input type="checkbox"/> Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Pre-Procedure
<input type="checkbox"/> Hold tube feedings	Routine, Once, Pre-Procedure

## IV Fluids

### Peripheral IV Access

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

## Medications

### Sedation Medications

<input type="checkbox"/> MIDAZolam (VERSED) injection	5 mg, intravenous, once PRN, Pre-Procedure To be administered DURING procedure Indication(s): Sedation
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	100 mcg, intravenous, once PRN, severe pain (score 7-10), Pre-Procedure To be administered DURING procedure

### Restricted Medications

<input type="checkbox"/> No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: Verify that all antiplatelets except aspirin have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any antiplatelets given day of procedure, Pre-Procedure
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: Verify that all antiplatelets have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any antiplatelets given day of procedure, Pre-Procedure
<input type="checkbox"/> No anticoagulants EXcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: Verify that all anticoagulants except heparin have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any anticoagulants given day of procedure, Pre-Procedure
<input type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: Verify that all anticoagulants have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any anticoagulants given day of procedure, Pre-Procedure

### Colon Prep - Plenvu - Full and Split Dose option (Single Response)

Plenvu one-day dosing regimen includes both doses the morning of the day of colonoscopy. Time dose to begin at least 6 hours prior to time of procedure.

( ) One-Day Regimen

"Followed by" Linked Panel

<input type="checkbox"/> polyethylene glycol (PLENVU) solution (RESTRICTED)	1 packet, oral, once, For 1 Doses Dose 1 (TO BE STARTED SAME DAY OF COLONOSCOPY PROCEDURE) **Time dose to begin at least 6 hours prior to time of procedure** Empty contents of Dose 1 into mixing container, add water to fill line (at least 16 fl oz.) and thoroughly mix until completely dissolved. Instruct patient to drink completely over 30 minutes. Refill the mixing container to fill line (at least 16 fl oz.) with water and drink over 30 minutes. If severe bloating, abdominal distension, or abdominal pain occurs following the first dose, delay the second dose until symptoms resolve. Plenvu® (polyethylene glycol 3350) is restricted to use as a bowel cleansing agent in preparation for colonoscopy. Do you attest that this restriction has been met?
<input type="checkbox"/> polyethylene glycol (PLENVU) solution (RESTRICTED)	2 packet, oral, once, Starting H+2 Hours, For 1 Doses Dose 2 (START MINIMUM 2 HOURS AFTER DOSE 1): Empty contents of Dose 2 Pouch A and Dose 2 Pouch B into the mixing container, add water to fill line (at least 16 fl oz.), and thoroughly mix until completely dissolved. Instruct patient to drink completely over 30 minutes. Refill container to fill line (at least 16 fl oz.) with water and drink over the next 30 minutes. Consume additional water and clear liquids until 2 hours prior to colonoscopy. Plenvu® (polyethylene glycol 3350) is restricted to use as a bowel cleansing agent in preparation for colonoscopy. Do you attest that this restriction has been met?
<input type="checkbox"/> Two-Day Split Dose Regimen <b>"Followed by" Linked Panel</b>	
<input type="checkbox"/> polyethylene glycol (PLENVU) solution (RESTRICTED)	1 packet, oral, once, S at 6:00 PM, For 1 Doses Dose 1: Empty contents of Dose 1 into mixing container, add water to fill line (at least 16 fl oz.) and thoroughly mix until completely dissolved. Instruct patient to drink completely over 30 minutes. Refill the mixing container to fill line (at least 16 fl oz.) with water and drink over 30 minutes. If severe bloating, abdominal distension, or abdominal pain occurs following the first dose, delay the second dose until symptoms resolve. Plenvu® (polyethylene glycol 3350) is restricted to use as a bowel cleansing agent in preparation for colonoscopy. Do you attest that this restriction has been met?
<input type="checkbox"/> polyethylene glycol (PLENVU) solution (RESTRICTED)	2 packet, oral, once, S+1 at 6:00 AM, For 1 Doses Dose 2 (approximately 12 hours after dose 1): Empty contents of Dose 2 Pouch A and Dose 2 Pouch B into the mixing container, add water to fill line (at least 16 fl oz.), and thoroughly mix until completely dissolved. Instruct patient to drink completely over 30 minutes. Refill container to fill line (at least 16 fl oz.) with water and drink over the next 30 minutes. Consume additional water and clear liquids until 2 hours prior to colonoscopy.  Dose 2, including all additional liquids, should be complete at least two hours prior to colonoscopy. Plenvu® (polyethylene glycol 3350) is restricted to use as a bowel cleansing agent in preparation for colonoscopy. Do you attest that this restriction has been met?

**Colon Prep - GoLYTELY - Full and Split Dose option (Single Response)**

<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	4,000 mL, oral, once, S at 9:00 PM, For 1 Doses, Pre-Procedure
<input type="checkbox"/> Split Dose Option: polyethylene glycol (GoLYTELY) solution 2000 mL x 2 Doses <b>"Followed by" Linked Panel</b>	
<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	2,000 mL, oral, once, S at 5:00 PM, For 1 Doses, Pre-Procedure Drink 1 glass every 15 minutes until total 2000 ml is taken (Keep the rest for the second dose)
<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	2,000 mL, oral, once, S+1 at 3:00 AM, For 1 Doses, Pre-Procedure

**Other Colon Preps - NOT HMSJ**

<input type="checkbox"/> magnesium citrate solution	1 Bottle, oral, once, For 1 Doses, Pre-Procedure
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<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily, Pre-Procedure
<input type="checkbox"/> senna (SENOKOT) tablet	2 tablet, oral, once, For 1 Doses, Pre-Procedure

### Other Colon Preps - HMSJ Only

<input type="checkbox"/> magnesium citrate solution	1 Bottle, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily, Pre-Procedure
<input type="checkbox"/> senosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, once, For 1 Doses, Pre-Procedure

### Antibiotics

<input type="checkbox"/> ceFAZolin IV + metroNIDAZOLE IV - For Patients LESS than or EQUAL to 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, once, S+1 at 7:00 AM, For 1 Doses Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL)	500 mg, intravenous, once, S+1 at 7:00 AM, For 1 Doses, Pre-Procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ceFAZolin IV + metroNIDAZOLE IV - For Patients GREATER than 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, S+1 at 7:00 AM, Pre-Procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL)	500 mg, intravenous, S+1 at 7:00 AM, Pre-Procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For Severe Penicillin Allergy - ertapenem (INVanz) injection	1 g, intravenous, once, S+1 at 7:00 AM, For 1 Doses, Pre-Procedure Reason for Therapy: Surgical Prophylaxis

## 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-Procedure
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### Labs

<input type="checkbox"/> CBC with differential	Once, Pre-Procedure
<input type="checkbox"/> Basic metabolic panel	Once, Pre-Procedure
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-Procedure
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-Procedure
<input type="checkbox"/> hCG qualitative, urine	Once, Pre-Procedure
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-Procedure

## Cardiology

### EKG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician: Pre-Procedure
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