

## 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

[ ] ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+366, Pre-Admission Testing
[ ] Pv carotid duplex	Status: Future, Expires: S+366, Routine, Clinic Performed, Pre-Admission Testing
[ ] Us vein mapping lower extremity	Status: Future, Expires: S+366, Routine, Clinic Performed, Pre-Admission Testing
[ ] Methicillin-resistant staphylococcus aureus (MRSA), NAA	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares, Pre-Admission Testing

#### [ ] Respiratory

[ ] Spirometry pre & post w/ bronchodilator, diffusion, lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
[ ] Spirometry, diffusion, lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
[ ] Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
[ ] Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT Encounter type?
[ ] Spirometry	Routine, Status: Future, Expires: S+366, Scheduling/ADT Encounter type?
[ ] OP Diffusion Capacity Combination Panel (Single Response)	
( ) Spirometry, diffusion	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
( ) Spirometry, diffusion, lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
( ) Spirometry, diffusion, MIPS/MEPS	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
( ) Spirometry, diffusion, lung volumes, MIPS/MEPS	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
( ) Spirometry pre & post w/ bronchodilator, diffusion	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Location: Encounter type?
( ) Spirometry pre & post w/ bronchodilator, diffusion, lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
( ) Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?
( ) Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS	Routine, Status: Future, Expires: S+366, Scheduling/ADT Location: Encounter type?

#### [ ] Laboratory: Preoperative Testing Labs

[ ] COVID-19 qualitative RT-PCR - Nasal Swab	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-Admission Testing
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<input type="checkbox"/>	CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Clinic Collect, 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 Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): 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
<input type="checkbox"/>	Laboratory: Additional Labs	
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Clean catch 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 antigen/antibody, fourth generation, with reflexes (HMH, HMB, HMCL, HMWB, HMW, HMSL)	Routine, Status: Future, Expires: S+366, 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+366, 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"/>	Acute viral hepatitis panel (HAV, HBV, HCV)	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 PCR	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares, 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 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 for Bariatric patients	
<input type="checkbox"/>	Lipid panel	Routine, Status: Future, Expires: S+366, 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+366, 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"/>	Total iron binding capacity	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4, free	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"/>	Hemoglobin A1c	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Parathyroid hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	CBC with platelet and differential	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, activated	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin A level, plasma or serum	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin B12 level	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"/>	Copper level, serum	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Folate level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin B1 (thiamine)	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Zinc level, serum	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

**Case Request**

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.

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

**Nursing**

**Vital Signs**

<input checked="" type="checkbox"/>	Vital signs - T/P/R/BP - Per Unit Protocol	Routine, Per unit protocol, Pre-op
<input type="checkbox"/>	Vital signs - T/P/R/BP - Every 4 Hours	Routine, Every 4 hours, Pre-op

**Notify**

<input type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: Systolic BP greater than: 180 Systolic BP less than: 80 Diastolic BP greater than: 120 Diastolic BP less than: 40 MAP less than: Heart rate greater than (BPM): 115 Heart rate less than (BPM): 45 Respiratory rate greater than: 25 Respiratory rate less than: SpO2 less than: Output less than 240 mL/shift or JP output greater than 180 mL/shift
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## Nursing

<input checked="" type="checkbox"/> Height and weight on arrival	Routine, Once, Pre-op
<input checked="" type="checkbox"/> Complete consent form	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Void on call to OR	Routine, Once, Pre-op
<input type="checkbox"/> Verify modification of diabetic agents	Routine, Until discontinued, Starting S Nurse to check with primary physician for diabetic medication adjustment., Post-op
<input type="checkbox"/> Verify lab results available	Routine, Once For 1 Occurrences Nurse to verify the following labs are available:  PRE-OP: CBC, INR (if on coumadin), potassium, urinalysis;  Call surgeon with abnormal results, Pre-op
<input type="checkbox"/> Verify surgical site confirmation documentation completed	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Verify discontinuation of anti-thrombotics	Routine, Once For 1 Occurrences If patient has taken any of the following agents within the listed period prior to surgery, contact surgeon for further instructions:  Apixaban, aspirin, clopidogrel, rivaroxiban, dabigatran, prasugrel, or ticagrelor; 5-7 days COUMADIN/warfarin 3-5 days; enoxaparin 12 hours; and heparin 4 hours prior to procedure. If patient is taking COUMADIN/warfarin within 72 hours of exam, have INR drawn prior to appointment., Pre-op
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Pre-op
<input type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input type="checkbox"/> Change IV site dressing	Routine, Per unit protocol, Pre-op
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type: Set to low intermittent suction., Pre-op
<input type="checkbox"/> Tobacco cessation education	Routine, Once, Pre-op
<input type="checkbox"/> Alcohol and or drug assessment	Routine, Once, Pre-op

## Diet

<input type="checkbox"/> NPO - effective midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient., Pre-op
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## IV Fluids

## IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5%-sodium chloride 0.45% (D5-1/2NS) with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op Per HM policy, sodium infusions greater than 154mEq/L require an independent double check. Does this infusion contain greater than 154mEq/L of total sodium?
<input type="checkbox"/> sodium chloride 0.45% with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op Per HM policy, sodium infusions greater than 154mEq/L require an independent double check. Does this infusion contain greater than 154mEq/L of total sodium?

## Medications

### Antibiotics (Single Response)

#### ( ) Antibiotics (Pre-Op)

<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, Pre-op On Call Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For penicillin allergic patients: clindamycin (CLEOCIN) IV	900 mg, intravenous, Administer over: 30 Minutes, 60 min pre-op, Starting S, For 1 Doses, Pre-op To be initiated within 1 hour of surgery. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL)	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op On Call Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin Allergic patients	<b>"And" Linked Panel</b>
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:
<input type="checkbox"/> clindamycin (CLEOCIN) IVPB	900 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Give within 1 hour of penile prosthesis procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Indication:
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOCIN) IVPB	<b>"And" Linked Panel</b>
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, Pre-op Indication:
<input type="checkbox"/> vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis

#### ( ) Antibiotics - Pubovaginal Sling (Pre-Op): For Patients LESS than or EQUAL to 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for Pubovaginal Sling. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

- |   |  |
|---|--|
| <input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg | 2 g, intravenous, once, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis  |
| <input type="checkbox"/> cefoxitin (MEFOXIN) 2 g IVPB                                     | 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis  |
| <input type="checkbox"/> gentamicin plus metronidazole for Penicillin Allergic Patients   | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> gentamicin (GARAMICIN) IVPB                                      | 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op<br>Indication:  |
| <input type="checkbox"/> metronidazole (FLAGYL) 500 mg IVPB                               | 500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op<br>Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op.<br>Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:<br>Reason for Therapy: |
| <input type="checkbox"/> ciprofloxacin (CIPRO) IV   | 400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis  |

- Antibiotics - Pubovaginal Sling (Pre-Op): For Patients GREATER than 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for Pubovaginal Sling. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

- |   |   |
|---|---|
| <input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg        | 3 g, intravenous, once, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis   |
| <input type="checkbox"/> cefoxitin (MEFOXIN) 2 g IVPB                                   | 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis   |
| <input type="checkbox"/> gentamicin plus metronidazole for Penicillin Allergic Patients | <b>"And" Linked Panel</b>   |
| <input type="checkbox"/> gentamicin (GARAMICIN) IVPB                                    | 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op<br>Indication:   |
| <input type="checkbox"/> metronidazole (FLAGYL) 500 mg IVPB                             | 500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op<br>Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op.<br>Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> ciprofloxacin (CIPRO) IV                                       | 400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis   |

- Antibiotics - Prostate Biopsy: For Patients LESS than or EQUAL to 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for prostate biopsy surgery. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

- |   |  |
|---|--|
| <input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg | 2 g, intravenous, once, For 1 Doses, Pre-op<br>Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op.<br>Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> cefoxitin (MEFOXIN) 2 g injection                                | 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis  |
| <input type="checkbox"/> gentamicin (GARAMICIN) IVPB                                      | 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op<br>Indication:  |
| <input type="checkbox"/> ciprofloxacin (CIPRO) IV   | 400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis  |
| <input type="checkbox"/> trimethoprim-sulfamethoxazole (BACTRIM) IVPB                     | 160 mg, intravenous, Administer over: 2 Hours, once, Starting S, For 1 Doses, Pre-op<br>Reason for Therapy: Surgical Prophylaxis   |

( ) Antibiotics - Prostate Biopsy: For Patients GREATER than 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for prostate biopsy surgery. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

( ) ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis
( ) cefoxitin (MEFOXIN) 2 g injection	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
( ) gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:
( ) ciprofloxacin (CIPRO) IV	400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
( ) trimethoprim-sulfamethoxazole (BACTRIM) IVPB	160 mg, intravenous, Administer over: 2 Hours, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis

( ) Antibiotics - Penile Prosthesis Insertion, Removal, or Revision (Pre-Op) (Single Response)

HOP Surgery approved antibiotic options for penile prosthesis surgery. If patient allergy prevents use of the options below, please confirm that the allergy is documented on the patient allergy list and consult pharmacy or infectious disease consultant for alternative options.

( ) ampicillin-sulbactam (UNASYN) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
( ) gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients GREATER THAN 120 kg	<b>"And" Linked Panel</b>
[ ] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
[ ] cefazolin (ANCEF) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis
( ) gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients LESS than or EQUAL to 120 kg	<b>"And" Linked Panel</b>
[ ] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
[ ] cefazolin (ANCEF) IVPB	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis
( ) gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin Allergic patients	<b>"And" Linked Panel</b>
[ ] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:
[ ] clindamycin (CLEOCIN) IVPB	900 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Give within 1 hour of penile prosthesis procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Indication:
( ) gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOICIN) IVPB	<b>"And" Linked Panel</b>

<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, Pre-op Indication:
<input type="checkbox"/> vancomycin (VANCOGIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

**Beta Blocker - Required if patient is on Home Beta Blockers (Pre-Op) (Single Response)**

If patient is on a beta blocker at home, they should receive a dose on the day of procedure unless contraindicated.

<input type="checkbox"/> Contraindication to beta blocker - patient is on a beta blocker at home, but contraindicated at this time.	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, 60 min pre-op, Starting S, For 1 Doses, Pre-op Hold for systolic blood pressure less than 100 mmHg, diastolic blood pressure less than 60 mmHg, heart rate less than 50 bpm or patient is on a vassopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:

**mitoMYcin (MUTAMYCIN) injection for TUR**

!!! SELECT the TOTAL number of 10 mg/10 mL Syringes that are required !!!

<input type="checkbox"/> mitoMYcin (MUTAMYCIN) 10 mg/10 mL syringe for TUR - select total number of syringes needed	
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once, For 1 Doses, Pre-op To be given in the OR for TUR - Syringe 1
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once, For 1 Doses, Pre-op To be given in the OR for TUR - Syringe 2
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once, For 1 Doses, Pre-op To be given in the OR for TUR - Syringe 3
<input type="checkbox"/> mitomycin (MUTAMYCIN) injection 10 mg/10 mL for TUR	10 mg, injection, once, For 1 Doses, Pre-op To be given in the OR for TUR - Syringe 4

**Chemo Bladder Instillation (Single Response)**

<input type="checkbox"/> mitomycin (MUTAMYCIN) chemo bladder instillation	
<input type="checkbox"/> mitoMYcin (MUTAMYCIN) in sodium chloride 0.9% 40 mL chemo bladder instillation	intravesical, once, For 1 Doses
<input type="checkbox"/> gemcitabine (GEMZAR) chemo bladder instillation	
<input type="checkbox"/> gemcitabine (GEMZAR) in sodium chloride 0.9% 100 mL chemo bladder instillation	2,000 mg, intravesical, Administer over: 2 Hours, once, For 1 Doses, Pre-op Urethral catheters are to be unclamped after 1 hour of instillation or sooner if patients experienced significant discomfort.

**Cysview/Blue light Cystoscopy**

<input type="checkbox"/> Cysview/Blue light Cystoscopy	
<input type="checkbox"/> hexaminolevulinate (CYSVIEW) intravesical solution	100 mg, intravesical, once, Pre-op Preop nursing to instill for 1 hour prior to Procedure.
<input type="checkbox"/> Straight cath	
<input type="checkbox"/> Straight cath	Routine, Once 12-16 Fr. Catheter. Coude Catheter may be used. If difficulty placing catheter or administering medication call/page urology team., Pre-op
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: 12-16 Fr. Catheter. Coude Catheter may be used. If difficulty placing catheter or administering medication call/page urology team., Pre-op



<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Pre-op
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<input type="checkbox"/> lidocaine HCL (URO-JET) 2 % jelly	Topical, once, For 1 Doses, Pre-op
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## Jelmyto

<input type="checkbox"/> sodium bicarbonate and Jelmyto	<b>"And" Linked Panel</b> Jelmyto is restricted to urology, hematology, and oncology for patients with prior financial approval in the outpatient setting.
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<input type="checkbox"/> sodium bicarbonate tablet	1,300 mg, oral, once, For 1 Doses provide 30 minutes prior to instillation
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<input type="checkbox"/> mitoMYcin (JELMYTO) for pyelocalyceal instillation (RESTRICTED)	15 mL, intra-pyelocalyceal, once, For 1 Doses This medication is RESTRICTED to hematology, oncology, and urology specialists for new starts of therapy. All provider types can continue home therapy. Can you attest that these restrictions have been met? This medication is restricted to use in patients with prior financial approval in the outpatient setting. Do you attest that the restrictions for this medication have been met?
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## 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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### Laboratory

<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Electrolyte panel	Once, Pre-op
<input type="checkbox"/> Creatinine level	Once, Pre-op
<input type="checkbox"/> BUN level	Once, Pre-op
<input type="checkbox"/> Hemoglobin and hematocrit	Once, Pre-op
<input type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/> Type and screen	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"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
<input type="checkbox"/> Urinalysis, automated with microscopy	Once, Pre-op
<input type="checkbox"/> hCG QUALitative, urine	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-op
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-op

## Imaging

### Imaging

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
<input type="checkbox"/> XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op

## Other Studies

### Other Diagnostic Studies

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
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# Consults

For Physician Consult orders use sidebar

## Consults

<input type="checkbox"/> Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Pre-op
<input type="checkbox"/> Consult Cardiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Pre-op
<input type="checkbox"/> Consult Internal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? 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 Case Management	Consult Reason: Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op