PHYSICIAN'S DIRECTIONS

Medication orders will be filled according to the formulary unless specific company is indicated.

DATE OF ORDER	TIME OF ORDER	STANDARD DAY SURGERY ADMISSION ORDERS **Use Ball Point Pen Only**	Time Noted	NURSES SIGNATURE
		Admit under service of Dr._____ ❑ Day Surgery ❑ Day Surgery with Overnight Observation		
		Allergies		
		Resuscitation status: ❑ Full code ❑ DNR ❑ Other_____		
		Vital signs on admission		
		❑ Follow Anesthesia Guidelines for Point of Care Blood Sugar and Peripheral IV Infusion		
		Saline Lock (or) ❑ IV_____ at _____ml/hour		
		❑ Activity as tolerated ❑ Other_____		
		DVT Risk Assessment: ❑ Low - minor surgery, mobile medical patients ❑ Moderate - most general surgery, medical patient on bedrest ❑ High - Orthopedic surgery, major trauma		
		DVT prophylaxis based upon risk: ❑ Elastic stockings (low risk) ❑ Intermittent pneumatic compression with elastic stockings (low risk) ❑ Other_____		
		❑ Patient has contraindication to anticoagulation._____		
		Antibiotic prophylaxis ❑_____ ❑_____		
		❑ Patient with diabetes mellitus ❑ Fingerstick glucose on admission		
		❑ Influenza vaccine per standing order.		
		❑ Pneumococcal vaccine per standing order.		
		❑ Patient refuses immunization.		

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PHYSICIAN'S SIGNATURE