

PHYSICIAN'S DIRECTIONS

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

STANDARD SURGERY ADMISSION ORDERS

DATE OF ORDER	TIME OF ORDER	STANDARD SURGERY ADMISSION ORDERS Use Ball Point Pen Only	Time Noted	NURSES SIGNATURE
		Admit under service of Dr. _____ Date of Surgery _____ Procedure _____		
		Allergies _____		
		Resuscitation status: <input type="checkbox"/> Full code <input type="checkbox"/> DNR <input type="checkbox"/> Other _____		
		Vital signs <input type="checkbox"/> on admission <input type="checkbox"/> Q _____		
		<input type="checkbox"/> Follow Anesthesia Guidelines for Point of Care Blood Sugar and Peripheral IV Infusion		
		Saline Lock (or) <input type="checkbox"/> IV _____ at _____ ml/hour		
		<input type="checkbox"/> Activity as tolerated <input type="checkbox"/> Bedrest with commode privileges <input type="checkbox"/> Other _____		
		DVT Risk Assessment: <input type="checkbox"/> Low - minor surgery, mobile medical patients <input type="checkbox"/> Moderate - most general surgery, medical patient on bedrest <input type="checkbox"/> High - Orthopedic surgery, major trauma		
		DVT prophylaxis based upon risk: <input type="checkbox"/> Elastic stockings (low risk) <input type="checkbox"/> Intermittent pneumatic compression with elastic stockings (low risk) <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Patient has contraindication to anticoagulation. _____		
		Antibiotic prophylaxis to be administered within 60 min. of incision (120 min. for Vancomycin) <input type="checkbox"/> _____ <input type="checkbox"/> _____		
		<input type="checkbox"/> Patient with diabetes mellitus <input type="checkbox"/> Fingertstick glucose on admission		
		<input type="checkbox"/> Seasonal Influenza vaccine as per protocol <input type="checkbox"/> previously given _____ <input type="checkbox"/> Contraindicated due to allergy		
		<input type="checkbox"/> H1N1 influenza vaccine as per protocol <input type="checkbox"/> previously given _____ <input type="checkbox"/> Contraindicated due to allergy		
		<input type="checkbox"/> Pneumococcal vaccine as per protocol <input type="checkbox"/> previously given _____ <input type="checkbox"/> Contraindicated due to allergy		
		<input type="checkbox"/> Patient refuses immunization.		
		Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Type & Screen only		
		<input type="checkbox"/> Type and Crossmatch _____ units of packed cells		
		<input type="checkbox"/> Pre Op labs for anticoagulant prophylaxis: _____ _____		
		<input type="checkbox"/> Other labs: _____		