PHYSICIAN'S DIRECTIONS

Medication orders will be filled according to the formulary unless specified by written physician's orders.

Tentative Diagnosis:_____

Allergies:_____

DATE OF ORDER	TIME OF ORDER	**Surgical Admission Orders - Finger Lakes Orthopedics** Use Ball Point Pen with Black Ink. Practitioner's signature required for each set or page of orders.	Reason for Test*
		1. Admit to (check one): ☐ Inpatient: Non-ICU ☐ Same Day Surgery ☐ Inpatient ICU Post op ☐ Same Day Surgery 23 hr. Telemetry Bed? ☐ Yes ☐ No ☐ Rapid Surgery	
		2. Admit to the service of: _____ (ATTENDING PHYSICIAN)	
		3. Admitting Diagnosis:	
		4. Allergies:	
		5. Diet: NPO	
		6. Activity:	
		7. Labs:	
		8. Intravenous: ❑ Follow Anesthesia Guidelines for Point of Care Blood Sugar and Peripheral IV Infusion ☐ Start IV:_____	
		9. Antibiotic Prophylaxis (check one): ☐ Not indicated ☐ Antibiotic (Kefzol one gram IV given to patient in OR pre-op if under 60 kg, 2 grams if over 60 kg). To be given in Perioperative Services per established policy and procedure. ☐ _____	
		10. Pre-op VTE Prophylaxis (may check more than one): ☐ Not indicated ☐ Intermittent pneumatic compression devices ☐ Knee High ☐ Thigh High ☐ Compression stockings: ☐ Knee High ☐ Thigh High ☐ Heparin 5000 units subcutaneously ☐ 2 hours preop ☐ 1 hour preop ☐ On Call *Required baseline bloodwork: CBC, PT/INR, PTT ☐ Current anticoagulant therapy:_____; therapeutic.	
		11. Admission Medications:	
		CHECK IF APPROPRIATE ☐ **For Dr. Boman's and Dr. Bishop's Patients for total knee replacement, total hip replacement, and total shoulder replacement:** **Give meds on call to OR:** 1) Oxycontin 10 mg P.O. 3) Zofran 4 mg P.O. 2) Celebrex 200 mg P.O. 4) Prilosec 20 mg P.O.	

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PRACTITIONER'S SIGNATURE DATE/TIME