

| PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS) | | INTRAVENOUS FLUID and MEDICATION ORDERS |
|---|---|--|
| <p>Pre-Operative Orders</p> <p>DATE: _____ TIME: _____</p> <p>Admit to Dr. _____</p> <p>Surgery: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient</p> <p>Time Requesting: _____ hrs _____ min</p> <p>Diagnosis: _____</p> <p>_____</p> <p>Consent to read: _____</p> <p>_____</p> <p><input type="checkbox"/> with possible _____</p> <p>Assistant: <input type="checkbox"/> Yes. Notify _____</p> <p> <input type="checkbox"/> No.</p> <p>Vital Signs upon admission.</p> <p>Diet:</p> <p><input type="checkbox"/> NPO</p> <p>Labs:</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> CBC with differential</p> <p><input type="checkbox"/> Urinalysis</p> <p><input type="checkbox"/> PT/PTT</p> <p><input type="checkbox"/> Type and Screen</p> <p><input type="checkbox"/> Type and Crossmatch 2 units PRBC</p> <p><input type="checkbox"/> Electrolytes</p> <p><input type="checkbox"/> Chem 7</p> <p><input type="checkbox"/> Liver Panel</p> <p><input type="checkbox"/> BUN/Creatinine</p> <p><input type="checkbox"/> Other: _____</p> | <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> | <p>ALLERGY:</p> <p>_____</p> <p>IV:</p> <p><input type="checkbox"/> Peripheral access</p> <p><input type="checkbox"/> Use dialysis catheter</p> <p>IV Fluids:</p> <p><input type="checkbox"/> 0.9% Normal Saline <input type="checkbox"/> Ringer's Lactate</p> <p><input type="checkbox"/> D5 1/2 NS <input type="checkbox"/> 0.45% NS</p> <p>to run at rate of:</p> <p><input type="checkbox"/> 80 cc/hr <input type="checkbox"/> 100 cc/hr <input type="checkbox"/> 125 cc/hr</p> <p><input type="checkbox"/> Bolus _____ cc</p> <p><input type="checkbox"/> Other: _____</p> <p>Prophylactic Antibiotics:</p> <p><input type="checkbox"/> Antibiotic not indicated.</p> <p>All prophylactic antibiotics will be administered on induction of anesthesia (within one hour prior to surgical incision)</p> <p>Adult Dosing</p> <p><input type="checkbox"/> Cefazolin _____ gram(s) IV x 1 dose</p> <p><input type="checkbox"/> Ampicillin-sulbactam _____ gram(s) IV x 1 dose</p> <p><input type="checkbox"/> Cefoxitin _____ gram(s) IV x 1 dose Ceftriaxone</p> <p><input type="checkbox"/> _____ gram(s) IV x 1 dose</p> <p><input type="checkbox"/> Clindamycin _____ mg IV x 1 dose</p> <p><input type="checkbox"/> Metronidazole _____ gram(s) IV x 1 dose</p> <p><input type="checkbox"/> Tobramycin _____ mg IV x 1 dose</p> <p><input type="checkbox"/> Cefuroxime _____ gram(s) IV x 1 dose</p> <p><input type="checkbox"/> Ampicillin _____ gram(s) IV x 1 dose</p> <p><input type="checkbox"/> Doxycycline _____ mg IV x 1 dose</p> <p><input type="checkbox"/> Other: _____</p> |
| <p>✓ Summary/Blanket orders are unacceptable.</p> <p>✓ Medication orders must be complete.</p> <p>✓ PRN medication orders must include an indication.</p> <p>✓ Write legibly.</p> <p>✓ Rewrite orders upon transfer and/or post-operatively.</p> <p>✓ Date, time, and sign verbal & telephone orders within 48 hours.</p> | <p>DO NOT USE:</p> <p>U MS</p> <p>IU MSO₄</p> <p>Q.D. MgSO₄</p> <p>Q.O.D. Trailing zero</p> <p>Lack of leading zero</p> | <p>Physician's Initial</p> <p>_____</p> |

**PHYSICIAN'S ORDER FORM
PRE-OPERATIVE ORDER**

PATIENT ID LABEL

