## Pre-Operative Orders

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit to Dr:</td>
<td></td>
</tr>
<tr>
<td>Surgery:</td>
<td>Inpatient ☐ Outpatient ☐</td>
</tr>
<tr>
<td>Time Requesting:</td>
<td>hrs min</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td></td>
</tr>
</tbody>
</table>

Consent to read: |

☐ with possible |

Assistant: ☐ Yes. Notify ☐ No.

### Vital Signs upon admission.

**Diet:**
☐ NPO

**Labs:**
☐ CBC
☐ CBC with differential
☐ Urinalysis
☐ PT/PTT
☐ Type and Screen
☐ Type and Crossmatch 2 units PRBC
☐ Electrolytes
☐ Chem 7
☐ Liver Panel
☐ BUN/Creatinine
☐ Other: |

### Allergy:

#### IV:

- ☐ Peripheral access
- ☐ Use dialysis catheter

#### IV Fluids:

- ☐ 0.9% Normal Saline
- ☐ Ringer’s Lactate
- ☐ D5 ½ NS
- ☐ 0.45% NS

#### to run at rate of:

- ☐ 80 cc/hr
- ☐ 100 cc/hr
- ☐ 125 cc/hr
- ☐ Bolus cc
- ☐ Other: |

#### Prophylactic Antibiotics:

- ☐ Antibiotic not indicated.

All prophylactic antibiotics will be administered on induction of anesthesia (within one hour prior to surgical incision).

### Adult Dosing

- ☐ Cefazolin gram(s) IV x 1 dose
- ☐ Ampicillin-sulbactam gram(s) IV x 1 dose
- ☐ Cefoxitin gram(s) IV x 1 dose Ceftriaxone
- ☐ gram(s) IV x 1 dose
- ☐ Clindamycin mg IV x 1 dose
- ☐ Metronidazole gram(s) IV x 1 dose
- ☐ Tobramycin mg IV x 1 dose
- ☐ Cefuroxime gram(s) IV x 1 dose
- ☐ Ampicillin gram(s) IV x 1 dose
- ☐ Doxycycline mg IV x 1 dose
- ☐ Other: |

### Summary/Blanket orders are unacceptable.

- Medication orders must be complete.
- PRN medication orders must include an indication.
- Write legibly.
- Rewrite orders upon transfer and/or post-operatively.
- Date, time, and sign verbal & telephone orders within 48 hours.

### DO NOT USE:

- U
- MS
- IU
- MO
- Q.D.
- MgSO₄
- Q.O.D.
- Trailing zero

### Physician’s Initial

### PATIENT ID LABEL

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**PHYSICIAN’S ORDER FORM**

**PRE-OPERATIVE ORDER**

Guam Memorial Hospital Authority
Form #04906  Stock #9904906
**PHYSICIAN’S ORDER**  
**EXCLUDING IV Fluids and MEDICATIONS**

### Pre-operative Orders

- **Fasting Blood Sugar**
- **Accucheck**
- **Urine pregnancy on day of surgery or βHCG**
- **Other:** ________________________________
- **Other:** ________________________________

Other Diagnostics (To be available in the Operating Room):
- **Chest X-ray**
- **PA/Lateral X-ray**
- **Abdominal Series**
- **Other:** ________________________________
- **EKG**
- **PFT**

**Antiembolism:**
- **TED Hose:** □ Knee high □ Thigh high
- **Urine:** □ Void on call to OR □ Foley Catheter

**Equipment Needs:**

**Pediatric Dosing**

<table>
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<tr>
<th>Medication</th>
<th>Dose</th>
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<tr>
<td>Cefazolin</td>
<td>mg/kg IV x 1 dose</td>
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**Allergy:**

### INTRAVENOUS FLUID and MEDICATION ORDERS

**Physician:** ________________________________

**Signature:** ________________________________

**Date:** ____________________  **Time:** ____________________

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**Medication orders must be complete.**
**PRN medication orders must include an indication.**
**Write legibly.**
**Rewrite orders upon transfer and/or post-operatively.**
**Date, time, and sign verbal & telephone orders within 48 hours.**

**DO NOT USE:**
- U  MS
- IU  MSO₄
- Q.D.  MgSO₄
- Q.O.D.  Trail zero
- Lack of leading zero

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

Guam Memorial Hospital Authority
Page 2 of 2 Revised: 3/16 Approved: OR 4/16, Surgery, 3/16, P&T 3/16, NM 3/16, MEC 3/16, HIMC 5/16
Form #04906  Stock #9904906