ALLERGIC: ☐ NO ☐ YES

PHYSICIAN’S ORDERS
(excludes medication orders)

DATE/TIME
MD SIGNATURE

Admit as inpatient

Admit Diagnosis:

Admit Date/Time:

Admit to ______________________

Blood Bank confirms _____ units autologous blood

☐ Type and Screen

☐ Type and Cross for _____________ unit(s)

☐ Draw type and screen on single joint replacements only
    when the HCT is less than 36 (<HCT 36).

☐ Draw type and screen on all bilateral joints and revisions.

Labs: (order stat if not on chart)

☐ CBC with ☐ Lytes

☐ Creatinine ☐ Bun

☐ PT (Included INR) ☐ PTT

☐ Urinalysis

☐ Redraw: K if outside of normal lab values.

☐ Redraw for Hct < 30

☐ PT/INR if Coumadin/Lovenox recently discontinued in
    past 7 days

☐ Fingerstick blood glucose on admission

☐ Void on call to O.R.

☐ Clip and Prep for THA, TKA, TSA and Birmingham

☐ EKG: ( > age 50 if not on chart)

☐ Vital signs on admission

☐ NPO

☐ Apply TED stockings / ace wraps / PAS sockings on
    pre-op unit

☐ Anesthesia to see

MEDICATION ORDERS
(includes iv’s blood components)

DATE/TIME
MD SIGNATURE

Antibiotic Prophylaxis: ☐ Yes ☐ No

☒ Cefazolin (i.e. Ancef®) 2g IV 30 minutes prior to
    induction of anesthesia

☒ Alternative Antibiotic:

☒ Clindamycin 600 mg IV 30 minutes prior to induc-
    tion of anesthesia

IV: Start with #18g needle

1000 ml Lactated Ringers at ______ ml/hr one
    hour pre op

☒ Acetaminophen (i.e. Tylenol®) 1000 mg po x 1 dose
    on admission

☒ Oxycontin 10 mg po x 1 dose on admission

☒ Neurontin 300mg po x 1 dose on admission

☒ Transdermal Scopolamine patch upon admission

☒ Celebrex 200mg po x1 upon admission
### Vancomycin Order and Rationale

**ALLERGIC:**
- [ ] NO
- [ ] YES

If Vancomycin is the antibiotic of choice, please document the rationale by checking all that apply:

- Beta –Lactam, penicillin or cephalosporin allergy
- Known prior colonization with MRSA
- Acute inpatient hospitalization within the past year
- Long Term care Resident within the past year
- Increased MRSA rate, either facility-wide or procedure specific
- Presence of a chronic wound care or on dialysis
- In-patient stay more than 24 hours prior to surgery
- Other reason, please provide rationale:

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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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**MEDICATION ORDERS**
(Excludes medication orders)

- PT Weight

**MEDICATION ORDERS**
(Includes iv’s blood components)

- If pt < 100 kg / 220lbs give Vanco 1 gm IV infuse over 90 minutes. Start infusion in Pre-op Line area.
- If pt > 100 kg / 220lbs give Vanco 1.5 gm IV infuse over 90 minutes. Start infusion in Pre-op Line area

**NOTED BY WHOM**

- MD Signature
- Date/Time

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*IMPORTANT*
Position patient ID plate so it is to the LEFT of the arrow