

**ALLERGIC:**  NO  YES \_\_\_\_\_

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
	<b>Admit to:</b>			<b>IV Fluids</b>	
	<b>Admit Date:</b>			If patient has completed Bowel prep, Start Lactated Ringers	
	<b>Admit Diagnosis:</b>			Continuous infusion at 200ml/hour.	
				If no bowel prep, run Lactated Ringers at 100 ml/hour.	
	Please indicate level of care: <input type="checkbox"/> Inpatient				
	<input type="checkbox"/> Outpatient			Prophylactic Antibiotics:	
	<input type="checkbox"/> Outpatient observation		<input type="checkbox"/>	Cefazolin (ie Ancef® ) 2 grams IV one dose at induction	
	<b>Nursing:</b>			<b>AND</b>	
	Vital Signs, Height, weight on admission			Metronidazole (ie Flagyl® ) 500 mg IV x 1 dose	
	Place IV site as indicated by OR procedure			Infuse over 30 minutes, to begin ½ hour prior to induction	
<input type="checkbox"/>	EKG ( > 50 years old if not present on chart )			<b>IF ALLERGY, THEN:</b>	
	NPO		<input type="checkbox"/>	Levofloxacin (ie Levaquin®)500mg IV X 1 dose	
	Other:			Infuse over 60 minutes, to begin 1 hour prior to induction	
	<b>Pre-Operative Bloodwork</b>			<b>AND</b>	
<input type="checkbox"/>	Redraw: Potassium if outside of normal parameters			Met onidazole (ie Flagyl® ) 500 mg IV x 1 dose	
	Hgt/Hct if HCT < 30			Infuse over 30 minutes, to begin ½ hour prior to induction	
	PT /INR if Coumadin or Lovenox discontinued				
	in the past seven days			<b>Anticoagulation:</b>	
	Fingerstick Blood Glucose on admission for all		<input type="checkbox"/>	Heparin 5000 units Subcutaneously on admission	
	diabetic patients			X 1 dose on admission to pre-op area	

PHYSICIAN'S ORDER FORM



6804