

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: West Hartford Surgery Center</b>			Patient reported weight: _____	
	<b>Pre Procedure Orders:</b>		<input type="checkbox"/>	Place 1.5 mg Scopalmine patch to mastoid pre-op	
	<b>Diagnosis</b>				
	<b>Date of Admission:</b>			Prophylactic antibiotics will be	
	<b>Level of Care: Outpatient</b>			administered at induction	
	Start 1000 mL Lactated Ringers at 100 cc per hour for			With the exception of Vancomycin or Levofloxacin.	
	patients who are having a colonoscopy procedure			<b>Prophylactic Antibiotics:</b>	
	and for patients who are admitted after 12 p.m.		<input type="checkbox"/>	Antibiotic Not Indicated	
	0.25 mL 1% lidocaine subcutaneous injection at site		<input type="checkbox"/>	Cefazolin (Ancef®) 2 g IV x 1	
	prior to IV insertion prn		<input type="checkbox"/>	Tobramycin _____ mg IV x 1	
	Vital Signs on Admission			99 lbs-142 lbs (45 kg to 64 kg)=120mg of tobra	
	NPO			143lbs-164lbs (65kg to 74kg)=140mg of tobra	
	Diabetic patients: finger-stick blood glucose			165lbs-186lbs (75kg to 85kg)=160mg tobra	
	Other: _____			187lbs-208lbs (85kg to 94kg)=180mg of tobra	
	Urine HCG on female patients who have had onset			209lbs-307lbs (95kg to 139 kg)=200mg of tobra	
	of menses until 1 year post menopausal.			308lbs-363lbs (140kg to 165kg)=220mg of tobra	
	Exclude patients who have had a hysterectomy		<input type="checkbox"/>	Metronidazole (Flagyl®) 500mg IV x 1	
	<b>If Vancomycin is the antibiotic of choice, please</b>		<input type="checkbox"/>	Clindamycin (Cleocin®) 600 mg IV x 1	
	<b>document the rationale by checking all that apply</b>				
	<input type="checkbox"/> Beta-Lactam, penicillin or cephalosporin allergy				
	<input type="checkbox"/> Known prior colonization with MRSA		<input type="checkbox"/>	<b>If patient &lt;100kg/220 lbs give</b>	
	<input type="checkbox"/> Acute inpatient hospitalization within the past year			<b>Vancomycin (Vancocin®) 1 g IV x 1 to begin</b>	
	<input type="checkbox"/> Long Term care Resident within the past year			1 hour prior to induction. Infuse over 90 minutes.	
	<input type="checkbox"/> Increased MRSA rate, either facility-wide or procedure specific		<input type="checkbox"/>	<b>If patient &gt;100kg/220 lbs give</b>	
	<input type="checkbox"/> Presence of a chronic wound care or on dialysis			<b>Vancomycin (Vancocin®) 1.5 g IV x 1 to begin</b>	
	<input type="checkbox"/> In-patient stay more than 24 hours prior to surgery			1 hour prior to induction. Infuse over 90 minutes.	
	<input type="checkbox"/> Other reason, please provide rationale:				

PHYSICIAN'S ORDER FORM



6804

