

ALLERGIC: NO YES

HH Forms 549429 - HH9429 R12/10

PHYSICIANS ORDER FORM

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders) (check box)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components) (check box)	NOTED BY WHOM
	<p>Admit to: C8 (SDA unit - Short Stay)</p> <p>Admit Date:</p> <p>Admit Dx:</p> <p>Allergies:</p> <p>Please indicate level of care: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outpatient Observation</p> <p>Nursing:</p> <p><input type="checkbox"/> Vital Signs on admission</p> <p><input type="checkbox"/> Start IV as indicated by OR procedure</p> <p><input type="checkbox"/> EKG (>50 years old if not present on chart)</p> <p><input type="checkbox"/> NPO <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> OTHER:</p> <p>Pre-Operative Bloodwork:</p> <p><input type="checkbox"/> Type and Screen stat (if not present in chart on admission)</p> <p><input type="checkbox"/> Urinalysis stat (if not present in chart on admission)</p> <p><input type="checkbox"/> Redraw: K+ if outside of normal parameters. HCT < 30 PT/INR if Coumadin/Lovenox recently discontinued in the past 7 days Fingerstick Blood glucose on admission to C8 for all Diabetic patients.</p> <p><input type="checkbox"/> OTHER:</p>			<p><input type="checkbox"/> Antibiotic not indicated</p> <p>Prophylactic Antibiotics:</p> <p>All prophylactic antibiotics will be administered on induction of anesthesia with the exception of Vancomycin and levofloxacin.</p> <p><input type="checkbox"/> Cefazolin (Ancef®) 2 g IV x 1 dose</p> <p><input type="checkbox"/> Cefuroxime (Zinacef®) 1.5 g IV x 1 dose</p> <p><input type="checkbox"/> Ampicillin-sulbactam (Unasyn®) 1.5 g IV x 1 dose</p> <p><input type="checkbox"/> Ceftriaxone (Rocephin®) 1 g IV x 1 dose</p> <p><input type="checkbox"/> Clindamycin (Cleocin®) 600 mg IV x 1 dose</p> <p><input type="checkbox"/> Metronidazole (Flagyl®) 500mg IV x 1 dose infuse over 60 mins to begin 1/2 hr prior to induction</p> <p><input type="checkbox"/> Levaquin 500mg IV x 1 dose infuse over 60 minutes to begin 1 hr prior to induction</p> <p>Tobramycin _____ mg IV x 1 Infuse over 90 minutes</p> <p>Patient Weight _____</p> <p>If Patient:</p> <p>99lbs-142lbs (45kg-64kg)=120mg of tobra 143lbs-164lbs (65kg-74kg)=140mg of tobra 165lbs-186lbs (75kg-84kg)=160mg of tobra 187lbs-208lbs (85kg-94kg)=180mg of tobra 209lbs-307lbs (95kg-139kg)=200mg of tobra 308lbs-363lbs (140kg-165kg)=220mg of tobra</p> <p><input type="checkbox"/> Intravenous Fluids:</p> <p>For Vancomycin orders see next page</p>	



