

Surgical Services: Elective Surgery Order Sheet

ORDER ADDENDUMS CHANGES COMMUNICATION FORM

Patient Name _____ DOB _____ Date of Surgery _____

Procedure _____

Surgeon _____ Duration _____ Procedure Codes _____

Diagnosis _____ ICD-10 _____

Status ☐ Outpt ☐ AM Admit ☐ Ext OP ☐ Direct Admit LOS _____ Postop bed request: ☐ ICU ☐ PCU

Clearances: ☐ Cardiology ☐ Medical ☐ Pulmonary Dates scheduled _____

VTE prophylaxis: ☐ Thigh hi TEDS ☐ Knee Hi TEDS ☐ Foot Pumps ☐ Compression Devices

ANTIBIOTICS - ADMINISTER ACCORDING TO SCIP CRITERIA

Allergies _____

☐ Cefazolin 2 g IV preop (for patients < 120 kg) ☐ Cefazolin OK to give with history of Penicillin allergy

☐ Cefazolin 3 g IV preop (for patients equal to or more than 120 kg)

Cefazolin (Pediatric): _____ mg (30 mg/kg) IV preop

Metronidazole (Flagyl) _____ mg IV Preop

Ampicillin _____ mg IV preop

Gentamicin _____ mg IV preop

Cefepime (Maxipime) _____ gram IV preop

Levofloxacin (Levaquin) _____ mg IV preop

Vancomycin _____ GM IV preop

Vancomycin _____ mg IV preop

Other _____

	ON ADMIT	ADD TO PATS		ON ADMIT	ADD TO PATS
Urine pregnancy	☐	☐	CBC	☐	☐
Type and screen	☐	☐	CMP	☐	☐
Type and cross - # units	☐	☐	Sed rate	☐	☐
Chest x-ray	☐	☐	H/H	☐	☐
KUB	☐	☐	Potassium	☐	☐
Ultrasound of	☐	☐	PTT	☐	☐
EKG	☐	☐	PT	☐	☐
Other	☐	☐	UA	☐	☐
			Urine culture and sensitivity	☐	☐

ADDITIONAL ORDERS:

Physician Signature / # _____ Date _____ Time _____

