GVH GRAND VIEW HEALTH

700 Lawn Avenue
Sellersville, PA 18960

Surgical Services: Elective Surgery Order Sheet

ORDER ADDENDUMS CHANGES COMMUNICATION FORM

Patient Name _____ DOB _____ Date of Surgery _____

Procedure _____

_____

Diagnosis _____

Surgeon _____ Procedure Codes: _____

ICD - 10 _____ _____

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

Approved LOS _____ Authorization # _____ Referring MD _____

Clearances: ☐ Cardiology ☐ Medical ☐ Pulmonary ☐ Hematology Dates scheduled _____

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

☐ **Ampicllin** _____ **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/BMP	☐	☐
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** _____