

**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
- Ampicillin** \_\_\_\_\_ mg IV preop
- Gentamicin** \_\_\_\_\_ mg IV preop
- Cefepime** (Maxipime) \_\_\_\_\_ gram IV preop
- Levofloxacin** (Levaquin) \_\_\_\_\_ mg IV preop
- Vancomycin** \_\_\_\_\_ 15 mg/kg IV preop for adult patients (Pharmacy to dose and round up to nearest 250 mg prior to surgery. Max dose 2 grams. SPU staff to weigh patient on arrival.)
- Vancomycin** \_\_\_\_\_ mg IV preop (for pediatric patients)
- Other \_\_\_\_\_

	ON ADMIT	ADD TO PATS		ON ADMIT	ADD TO PATS
Urine pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	CBC	<input type="checkbox"/>	<input type="checkbox"/>
Type and screen	<input type="checkbox"/>	<input type="checkbox"/>	CMP/BMP	<input type="checkbox"/>	<input type="checkbox"/>
Type and cross - # units	<input type="checkbox"/>	<input type="checkbox"/>	Sed rate	<input type="checkbox"/>	<input type="checkbox"/>
Chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	H/H	<input type="checkbox"/>	<input type="checkbox"/>
KUB	<input type="checkbox"/>	<input type="checkbox"/>	Potassium	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound of	<input type="checkbox"/>	<input type="checkbox"/>	PTT	<input type="checkbox"/>	<input type="checkbox"/>
EKG	<input type="checkbox"/>	<input type="checkbox"/>	PT	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	UA	<input type="checkbox"/>	<input type="checkbox"/>
			Urine culture and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL ORDERS:**

\_\_\_\_\_  
 \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

