**PRE-SURGICAL ORDERS: (ADULTS AND PEDIATRICS)**

**PRE-ADMISSION ORDERS:** Must include physician's signature and ID#

**STAT ORDERS MUST BE COMMUNICATED TO NURSE**

Attending Physician: ___________________________  Date of Procedure: ____________

Diagnosis: ____________________________________

Allergies: ____________________________________

Procedure: ____________________________________

Time needed: ______ hours  Height: ______  Weight: ______ kg

Pre-Operative Services Appointment: ____________

**Anesthesiology Consult:** □ No  □ Yes  Reason for Consult: ____________

□ Child ASA II/chronic disease  □ Any patient ASA III for elective surgery

Proposed Anesthesia: □ Regional/General  □ Monitored Anesthesia Care

**Admission Type:** □ SDA  □ ASU  □ ASC

SDA Anticipated Post-op disposition: □ ICR  □ ICU  □ Telemetry  □ Floor bed

**PRE-ADMISSION ORDERS (check appropriate test)**

<table>
<thead>
<tr>
<th>Test</th>
<th>RN Init/ID</th>
<th>Test</th>
<th>RN Init/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td></td>
<td>CBC with diff</td>
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<tr>
<td>Type and screen</td>
<td></td>
<td>Red Blood cells: ______ units</td>
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<tr>
<td>Chem 8</td>
<td></td>
<td>Chem (specify):</td>
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<tr>
<td>PT</td>
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<td>Chest X-ray PA/lateral</td>
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<tr>
<td>PTT</td>
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<td>Xray: other</td>
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<td>Urinalysis</td>
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<td>EKG x 1</td>
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<tr>
<td>Urine culture</td>
<td></td>
<td>Glucose Finger Stick X 1</td>
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<tr>
<td>Urine HCG qual.</td>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Diet:** NPO

**IV:** □ Peripheral IV insertion  □ Saline lock

**IV FLUIDS:** □ ___________________________ to run at _________ mL/hr

**Medications:**

**Antibiotics:**

□ Antibiotics: See antibiotic order sheet

□ Antibiotics not necessary

**DVT Prophylaxis:**

□ Heparin 5000 units SQ X 1 (1-2 hours pre-op)

□ Enoxaparin (LOVENOX) 40 mg SQ X 1 (1-2 hours pre-op)

**Beta Blockade:**

□ Ordered  □ Not needed  □ Per anesthesia in pre-op services

**MD/LIP/NP Signature:**  ID#:  Date:  Time:

**Nurse Signature:**  ID#:  Date:  Time:

PLACE IN PATIENT CHART