

ORDERS NOT VALID UNLESS APPROPRIATELY SIGNED, DATED, AND TIMED.

PATIENT LABEL

Allergies: NKDA _____

Diagnosis: _____

Operative Consent to Read: See Consent _____

_____ *Duration:* _____
Date of Surgery: _____ Weight: _____ lbs. _____ kg. Height: _____

Anesthesia:

- General Anesthesia
- MAC (Monitored Anesthesia Care) per Anesthesia
- Block by Anesthesia Bier Axillary Popliteal Ankle Interscalene Femoral
- Surgeon Directed Sedation per RN (IV Sedation) (see MSC IV Fluid Management Policy)
- Local by MD (No IV Sedation) IV fluids per Anesthesia (see MSC IV Fluid Management Policy)

History and Physical Obtained? Yes No *If yes, list who and when:* _____

ECG: Pre-op ECG if indicated per guidelines.

Special Instruments: _____

Medications: Pre-op or On Call to OR

- Cefazolin (*Ancef*) 1g 2 g weight > 50 kg IV Clindamycin 600 mg. IV
- Cefoxitin 2 g IV Cefuroxime 1.5 g IV
- Other: _____

Miscellaneous:

- NPO after midnight day of surgery other: _____
- Urine pregnancy test
- Nursing staff to instruct patient: Crutches Crutches as needed Walker Cane W/C
 NWB PWB- heel WBAT
- Pre-op surgical scrub with CHG Other: _____
- Anti Embolism Stockings Thigh Knee Right Left _____
- Void on call to OR
- Other: _____

Routed copy to Materials Management Tech if special instrument(s) or positioning are noted:

Reception Signature _____ Date _____

Physician Signature Date Time AM/PM

Pre-op RN Signature Date Time AM/PM



Physician Pre-op Orders