Hospital Name

Patient Name

DOB

MRN

Physician

FIN

Physician's Orders
GYNECOLOGICAL/UROLOGY SURGERY-PRE-OPERATIVE

Date _____ Time _____ Height _____ Weight _____

Attending Physician _____

Allergies/Sensitivities _____ See/Update Electronic Health Record Allergy Information

Diagnosis/Procedures Primary _____

Secondary _____

Procedures _____

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED

PROCEDURES/TREATMENT

- ☐ Pre-operative laboratory work, x-rays, and ECG as per Anesthesia Guidelines
- ☐ Intravenous (IV) per Anesthesiologist Order's
- ☐ Pre-operative medications according to Anesthesiologist Order's
- ☐ Obtain consent form if not already completed

NUTRITION AND DIET

- ☐ Nothing by mouth for 8 hours

MEDICATIONS

ANTIBIOTICS (Select one of the following antibiotics below)

☐ Cefazolin

- For weight less than 80 kg, 1 gram IV piggyback within 60 minutes pre-operatively
- For weight 80 kg or greater, 2 grams IV piggyback within 60 minutes pre-operatively

If B-lactam allergy (Select one of the following antibiotic combinations below)

☐ Gentamicin (Pharmacy to dose) IV piggyback within 60 minutes pre-operatively and Clindamycin 900 mg IV piggyback within 60 minutes pre-operatively

OR

☐ Gentamicin (Pharmacy to dose) IV piggyback within 60 minutes pre-operatively and Metronidazole 500 mg IV piggyback within 60 minutes pre-operatively

Pre-operative antibiotics must be started within 60 minutes of surgery incision time

OTHER

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Telephone order/ Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: Date	Time	VALIDATED: Date	Time	ORDERED: Date	Time	Pager #
	Sign		R.N. Sign		Physician Print	Physician Sign

White – Chart Yellow – Nurse Pink – Pharmacy

DO NOT MARK BELOW THIS LINE BARCODE ZONE DO NOT MARK BELOW THIS LINE

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