

Hospital Name _____

Patient Name _____

DOB _____

MRN _____

Physician _____

FIN _____



Physician's Orders ORTHOPEDIC/PODIATRY SURGERY- PRE-OPERATIVE, OUTPATIENT

Date _____ Time _____ Height _____ Weight _____

Attending Physician _____

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

Diagnosis/Procedures _____

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED

PROCEDURES

- Pre-operative lab work, x-rays, and ECG as per Anesthesia Guidelines
- Intravenous (IV) per anesthesiologist orders
- Pre-operative medication according to anesthesiologist
- Nothing by mouth
- Obtain urinalysis on admission
- Obtain consent form if not already obtained
- Shave all hair from the operative foot (using clippers) including digits prior to foot scrub
- Betadine foot scrub for 10 minutes prior to being taken to the Operating Room and wrap with sterile kling

ANTIBIOTICS (Select one of the following)

Antibiotics must be started within 60 minutes of surgery incision start time except Vancomycin then must be given with 120 minutes of surgery incision start time

- Cefazolin 1 gram IV piggyback within 60 minutes pre-operatively if patient weight is less than 80 kg
- Cefazolin 2 grams IV piggyback within 60 minutes pre-operatively if patient weight is greater or equal to 80 kg

ANTIBIOTICS (CONTINUED)

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

- Vancomycin 1 gram IV piggyback within 120 minutes pre-operatively
- Clindamycin 600 mg IV piggyback within 60 minutes pre-operatively

OTHER

- _____
- _____
- _____
- _____
- _____



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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



White – Chart Yellow – Nursing Pink – Pharmacy

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