

REGIONAL MEDICAL CENTER

ALLERGIES \_\_\_\_\_

DATE/ TIME	Anesthesia Doctor's Orders	INITIALS
	<b>PREOPERATIVE ORDERS</b>	
	<input type="checkbox"/> EKG STAT <input type="checkbox"/> HCG STAT <input type="checkbox"/> CHEM7 STAT <input type="checkbox"/> CHEST X-RAY STAT	
	<input type="checkbox"/> Bicitra 30cc PO preop	
	<input type="checkbox"/> Reglan 10 mg IV push	
	<input type="checkbox"/> Zantac 50 mg IV in 100cc D5W	
	<input type="checkbox"/> Zofran 4mg IV push	
	<input type="checkbox"/> Obtain old records	
	<b>POST-OPERATIVE ORDERS</b>	
	1. <input type="checkbox"/> Transfer to observation unit for discharge <input type="checkbox"/> Send to Same Day Surgery for discharge <input type="checkbox"/> Admit as inpatient	
	2. Keep patient for/until _____	
	3. Fluids: <input type="checkbox"/> May have oral fluids <input type="checkbox"/> NPO until _____	
	4. Followup appointment: _____ days / weeks / months <input type="checkbox"/> Nurse to arrange <input type="checkbox"/> Patient to call for appt.	
	5. Doctor to see before patient discharge: <input type="checkbox"/> YES <input type="checkbox"/> NO Call doctor before discharge: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	6. Special Orders:	
	7. Post-op instructions for patient:	



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