

HOSPITAL
DEPARTMENT OF ANESTHESIOLOGY
PRE-OPERATIVE
ANESTHESIA ORDERS

INSTRUCTIONS: UNLESS CHECKED, A CHEMICALLY IDENTICAL DRUG AS APPROVED BY THE PHARMACY AND THERAPEUTIC GROUP MAY BE DISPENSED

ONLY BRAND SPECIFIED

Check boxes for all orders that apply. Fill-in all blank spaces of all checked orders. Write signature and print name, time and date at bottom of each form.

ROUTINE	<input type="checkbox"/> NPO for: solids on (date): _____, after midnight or _____ clear liquids on (date): _____, after midnight or _____ <input type="checkbox"/> Old chart from (date) _____ to OR with patient. <input type="checkbox"/> Complete anesthesia questionnaire (front and back).
MEDICATIONS	<input type="checkbox"/> Take all currently ordered AM medications the morning of surgery with sip H ₂ O @ 0600. <input type="checkbox"/> EXCEPT: Hold following medications morning of surgery: _____ Bring all inhalers to hospital on day of surgery. Insulin <input type="checkbox"/> Hold insulin the morning of surgery. <input type="checkbox"/> Give NPH insulin _____ units subcut., Regular insulin _____ units subcut. @ _____ <input type="checkbox"/> Continue sliding scale insulin as ordered. Aspiration Prophylaxis <input type="checkbox"/> Famotidine (Pepcid) 20 mg PO at bedtime the night before and at 0600 morning of surgery. <input type="checkbox"/> Metoclopramide (Reglan) 10 mg PO at bedtime the night before and at 0600 morning of surgery. <input type="checkbox"/> Sodium citrate (Bicitra) 30 cc PO, on call to OR. Sedatives <input type="checkbox"/> Diazepam (Valium) _____ mg PO on arrival to ASD or on call to OR. <input type="checkbox"/> Lorazepam (Ativan) _____ mg PO on arrival to ASD or on call to OR. Other <input type="checkbox"/> Rofecoxib (Vioxx) 50 mg PO on arrival to ASD or on call to OR. <input type="checkbox"/> Albuterol nebulization treatment unit doses (2.5 mg/3 cc) on call to OR or on arrival to ASD. <input type="checkbox"/> _____
IV FLUIDS	<input type="checkbox"/> Place 18 or 20 G peripheral catheter, 2 attempts maximum. <input type="checkbox"/> Start infusion: <input type="checkbox"/> Lactated ringers 1000 cc @ 125 cc/hr. <input type="checkbox"/> Normal saline 250 cc on microdrip @ KVO (Renal and Ophthalmology patients). <input type="checkbox"/> D ₅ 0.45 saline IV piggyback @ _____ cc/hr.
TESTING	<input type="checkbox"/> Accucheck on admission to ASD or on call to OR. Results recorded on Pre-operative Checklist. <input type="checkbox"/> STAT on arrival or @ 0600, day of surgery <input type="checkbox"/> PT PTT <input type="checkbox"/> Potassium <input type="checkbox"/> Beta-HCG <input type="checkbox"/> _____ <input type="checkbox"/> 12 lead EKG today, copy on chart PRE-OP. <input type="checkbox"/> ROUTINE on (date) _____ <input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> PT PTT <input type="checkbox"/> _____ Chest X-ray for _____ (specific indication required for order) <input type="checkbox"/> Routine PA and Lateral <input type="checkbox"/> Portable AP
CONSULTS	<input type="checkbox"/> Cardiology evaluation for _____ <input type="checkbox"/> Copy of echocardiogram on chart PRE-OP. <input type="checkbox"/> Pulmonology evaluation for _____ <input type="checkbox"/> Copy of PFT's on chart PRE-OP.
OTHER ORDERS	<input type="checkbox"/> _____ <input type="checkbox"/> _____

_____ PHYSICIAN SIGNATURE	_____ PHYSICIAN NAME (PRINT/PAGER #)	_____ TIME DATE
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