# 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.

- **NPO for solids on (date):** __________, after midnight or __________.
- **Old chart from (date) __________ to OR with patient.**
- **Complete anesthetic questionnaire (front and back).**
- **Take all currently ordered AM medications the morning of surgery with sip H2O @ 0600.**

**EXCEPT:** Hold following medications morning of surgery:

- **Insulin:**
  - Hold insulin the morning of surgery.
  - Give NPH insulin ______ units subcut. Regular insulin ______ units subcut. @ ______.
  - Continue sliding scale insulin as ordered.

**Aspiration Prophylaxis:**
- Famotidine (Pepcid) 20 mg PO at bedtime the night before and at 0600 morning of surgery.
- Metoclopramide (Reglan) 10 mg PO at bedtime the night before and at 0600 morning of surgery.
- Sodium citrate (Bicira) 30 cc PO, on call to OR.

**Sedatives:**
- Diazepam (Valium) ______ mg PO on arrival to ASD or on call to OR.
- Lorazepam (Ativan) ______ mg PO on arrival to ASD or on call to OR.
- Other:
  - Rofecoxib (Vioxx) 50 mg PO on arrival to ASD or on call to OR.
  - Albuterol nebulization treatment unit doses (2.5 mg/3 cc) on call to OR or on arrival to ASD.

**IV Fluids:**
- Place 18 or 20 G peripheral catheter, 2 attempts maximum.
- Start infusion:
  - Lactated Ringers 1000 cc @ 125 cc/hr.
  - Normal saline 250 cc on microdrip @ KVO (Renal and Ophthalmology patients).
  - D5 0.45 saline IV piggyback @ ______ cc/hr.

- Accucath on admission to ASD or on call to OR. Results recorded on Pre-operative Checklist.

**STAT on arrival or @ 0600, day of surgery:**

- **PT, PTT:**
- **Potassium:**
- **Beta-HCG:**

- 12 lead EKG today, copy on chart PRE-OP. Chest X-ray for ____ (specific indication required for order)

- **Reason for Cardiology evaluation:**
  - Copy of echocardiogram on chart PRE-OP.

- **Reason for Pulmonary evaluation:**
  - Copy of PFTs on chart PRE-OP.

## Other Orders

**Physician Signature**

**Physician Name (Print/Pager #)**

**Time**

**Date**