ANESTHESIA PRE-OP AND OR HOLDING PLAN

Patient Label Here

	puveir	IAN OPDERS	
PHYSICIAN ORDERS Diagnosis			
Weight			
- J	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific order	detail box(es) where applicable.
ORDER		·	(,) !!
	IV Solutions		
	LR □ IV, 20 mL/hr		
	NS ☐ IV, 20 mL/hr		
	Medications Medication conteness are not dose. You will need to calculate a	total daily dage if peopled	
	Medication sentences are per dose. You will need to calculate a famotidine □ 20 mg, IVPush, inj, OCTOR For administration Pre-Op. Dilute to 2 mg/mL with NS. IV push over 2 min.	total dally dose if needed.	
	metoclopramide ☐ 10 mg, IVPush, inj, OCTOR For administration Pre-Op.		
	sodium citrate-citric acid 30 mL, PO, liq, OCTOR For administration Pre-Op.		
	scopolamine ☐ 1.5 mg, transdermal, adh patch, OCTOR For administration Pre-Op.		
	midazolam □ 0.5 mg/kg, PO, liq, OCTOR For administration Pre-Op. Do not exceed 15 mg □ 10 mg, PO, liq, OCTOR For administration Pre-Op. Do not exceed 15 mg		
	ondansetron □ 0.1 mg/kg, IVPush, soln, OCTOR For administration Pre-OP. Give IVP over 2-5 min. Recommended maximum dose is 4 mg. Continued on next page		
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Order Taken by Signature:		Date	Time
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	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	4 mg, IVPush, soln, OCTOR For administration Pre-OP.		
	Give IVP over 2-5 min.		
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)		
	2.5 mg, inhalation, soln, ONE TIME		
	For administration Pre-Op.		
	albuterol-ipratropium		
	3 mL, inhalation, soln, ONE TIME For administration Pre-Op.		
	·		
	racepinephrine ☐ 0.5 mL, inhalation, neb, ONE TIME		
	For administration Pre-Op.		
	lidocaine (lidocaine 4% inhalation solution)		
	100 mg, inhalation, soln, ONE TIME For administration Pre-Op.		
	<u> </u>		
	Laboratory		
	POC Blood Sugar Check Notify anesthesia provider assigned to the case if blood sugar resu	It greater than 200 mg/dL	
	POC Chem 8 ☐ Notify anesthesia provider assigned to the case, iStat results		
	POC Hemoglobin and Hematocrit		
	Notify anesthesia provider assigned to the case, iStat results		
	Urine Random Drug Screen ☐ Urine, STAT Outpatient/PACU, T;N		
	Basic Metabolic Panel		
	☐ STAT Outpatient/PACU, T;N		
	Comprehensive Metabolic Panel ☐ STAT Outpatient/PACU, T;N		
	Prothrombin Time with INR ☐ STAT Outpatient/PACU, T;N		
	PTT		
	☐ STAT Outpatient/PACU, T;N		
	Diagnostic Tests		
	EKG-12 Lead ☐ STAT		
	DX Chest Portable STAT		
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Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time

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	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order de	etail box(es) where applicable.
ORDER	ORDER DETAILS		
	DX Chest PA & Lateral		
	STAT		
	Respiratory		
	Arterial Blood Gas ☐ STAT		
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Physician S	Signature:	Date	Time

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BE	B TYPE AND SCREEN PLAN		
	PHYSIC	IAN ORDERS	
	PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable		
ORDER		THE ATT A THE THE SPECIAL OF THE	detail box(es) where applicable.
RDER	Laboratory		
	BB Blood Type (ABO/Rh)		
	BB Antibody Screen		
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