UMC Health System

ANESTHESIA PRE-OP SCREEN SDO - DR. R. JOHNSTON

Patient Label Here

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

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	ORDER DETAILS
	Communication
	Please order under Dr. R. Johnston MD and use STANDING DELEGATION per policy SPP # PC-54. **Notify Provider (Misc)** ☐ Notify Dr. Robert V. Johnston, MD or physician supervising STAR Center, Reason: Inspired volume of less than 2 liters, or a room air saturation of less than 94%, or any patient with a significant respiratory comorbidity.
	OPS - Shoulder Surgery
	Order Instruct Patient on all patients scheduled for shoulder surgery through OPS (which, in all cases, will require a perioperative intrascalene block) **Instruct Patient** ☐ Instruct Patient On: Incentive spirometry, Instruct on use/importance of pulmonary hygiene after shoulder surgery.
	Notify Nurse (DO NOT USE FOR MEDS) ☐ Record patient's best inspiratory effort and oxygen saturation on room air. Label incentive spirometer and have patient bring it on day of surgery.
	IV Solutions
	For all patients without an order for IV fluids on the surgeon's Pre-Op orders **Notify Nurse (DO NOT USE FOR MEDS)** ☐ Begin all IV accesses with an 18 gauge IV catheter, except local/MAC cases where minimum IV access will be with a 20 or 22 gauge IV catheter, or as otherwise ordered by the physician.
	History/Procedure Specific
	Order NS on patients with a history of diabetes, or on cranial surgery patients **NS** ☐ IV, 20 mL/hr Per Anesthesia Pre-Op Screening Standing Delegated Order
	For OPS
	Order INT/NS on patients with a history of End Stage Renal Disease ***Have available for anesthesia (hanging on the gurney) 500mL IV bag of Normal Saline and prime the IV tubing. DO NOT CONNECT to the IV catheter.*** **Insert Peripheral Line** ☐ then INT the catheter
	For OR
	NS ☐ IV, 20 mL/hr Per Anesthesia Pre-Op Screening Standing Delegated Order
	All OTHER Patients
	Order LR on all OTHER patients*

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: ____Signature on file_____ **Date** _____ **Time** _____

UMC Health System

ANESTHESIA PRE-OP SCREEN SDO - DR. R. JOHNSTON

Patient Label Here

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	ORDER DETAILS
	LR ☐ IV, 20 mL/hr Per Anesthesia Pre-Op Screening Standing Delegated Order
	Laboratory
	POC
	Order POC Blood Sugar Check on all patients with a history of diabetes **POC Blood Sugar Check** ☐ upon arrival, on day of procedure
	Notify Provider (Misc) ☐ Notify Anesthesia provider assigned to the case on the day of the procedure, Reason: if blood sugar result greater than 200 mg/dL.
	Order POC Chem 8 on all patients with a history of renal disease **POC Chem 8** ☐ upon arrival, on day of procedure
	Notify Provider (Misc) ☐ Notify anesthesia provider assigned to the case on the day of the procedure, Reason: result of POC Chem 8
	Diagnostic Tests
	Order EKG on all patients over the age of 50 years if an EKG has not been performed within the last 6 months. ***Order EKG on all patients scheduled for a partial or total thyroidectomy if an EKG has not been performed within the last 6 months*** **EKG-12 Lead** ☐ T;N, STAT, Pre-Op [High Risk Operation] (V72.81)

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____