UMC Health System

Patient Label Here

ERAS SURGERY PRE-OP PLAN - Phase: Diagnostic Pre-Op Orders

		PHYSICIAN ORDERS	S		
Diagnos	is				
Weight		Allergies			
	Place an "X" in the Orders column to designate or	ders of choice AND an "x" ir	n the specific o	rder detail box(es) where applicable.	
ORDER	ORDER DETAILS				
	Admit/Discharge/Transfer				
	Request for Outpatient Services (Request Outpatie	nt Services)			
	Communication				
	Instruct Patient Instruct Patient On: Other Take the following medic	cations the morning of surgery	, with a sip of wa	ater, Please take:	
	Instruct Patient On Incentive Spirometer use				
	Misc Patient Care Order				
	Misc Patient Care Order	d Patient Education Booklet			
	Instruct Patient T;N, Instruct Patient On: Other : Instruct patient it is	s okay and encouraged to che	w gum morning	of surgery.	
	Instruct Patient T;N, Instruct Patient On: Other : No solid food after	midnight prior to surgery. Cle	ar liquid OK up t	o 2 hours prior to surgery	
	Notify Nurse (DO NOT USE FOR MEDS) Instruct patient to drink carbohydrate drink immedia and instructions given to patient in the clinic use "N		n day of surgery	If Bowel Prep medications	
	If Bowel Prep medications and instructions given to Notify Nurse (DO NOT USE FOR MEDS) T;N, Bowel Prep meds and instructions have been		-	below	
	Laboratory				
	CBC				
	CBC with Differential Routine Outpatient/PACU, T;N, Vendor Bill No				
	Basic Metabolic Panel Routine Outpatient/PACU, T;N, Vendor Bill No				
	Comprehensive Metabolic Panel				
	Prothrombin Time with INR Routine Outpatient/PACU, T;N, Vendor Bill No				
	PTT Routine Outpatient/PACU, T;N, Vendor Bill No				
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Order Take	en by Signature:	Date		Time	
Physician S		Date		 Time	

Patient Label Here

ERAS SURGERY PRE-OP PLAN - Phase: Diagnostic Pre-Op Orders

	PHYSICIAN ORDERS					
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific or	der detail box(es) where applicable.			
ORDER	ORDER DETAILS					
	Urine Beta hCG Urine, Routine Outpatient/PACU, T;N, Vendor Bill No					
	Urine Random Drug Screen					
	BB Blood Type (ABO/Rh) Routine Outpatient/PACU, T;N					
	BB Antibody Screen					
	Diagnostic Tests					
	EKG-12 Lead Routine, Pre-Op exam, An EKG in within last 6 weeks is valid					
	DX Chest Single View D Routine, A chest X-ray within last year is valid					
	DX Chest PA & Lateral Routine, A chest X-ray within last year is valid					
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Order Take	n by Signature:	Date	Time			
Physician	Signature:	Date	Time			
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ERAS SURGERY PRE-OP PLAN - Phase: OPS/OR Holding Pre-Op Orders			
-	hase. Of overcholding the op orders		
	PHYSIC		
	Place an "X" in the Orders column to designate orders of choice		
ORDER			
ORDER	Patient Care		
	Pre-Operative Warming Orders		
	Vital Signs Per Unit Standards		
	Insert Peripheral Line		
	Apply Sequential Compression Device		
	Apply to Bilateral Lower Extremities		
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Thigh High To non-operative extremity	Apply to: Bilateral Lower Extremities, Length: Knee High	
	Betadine 10% Nasal Antiseptic Swab		
	Communication		
	Code Status must be declared upon admission to Outpatient Surge	ery	
	Code Status Code Status: Full Code Code Status: Care Limitation	Code Status: DNR/AND (Allow Natural Death)	
Pre-Op Instructions Instruct on incentive spirometry. Misc Patient Care Order Misc Patient Care Order			
	Notify Nurse (DO NOT USE FOR MEDS)		
	Dietary		
	Outpatient Diet		
		NPO, except meds.	
	IV Solutions LR		
	IV, 20 mL/hr, KVO		
	KVO		
	□ IV, 75 mL/hr □ IV, 125 mL/hr	└ IV, 100 mL/hr □ IV, 150 mL/hr	
	NS		
	U, 75 mL/hr	🔲 IV, 100 mL/hr	
	U, 125 mL/hr	□ IV, 150 mL/hr	
	Medications	Actual station and the second set	
	Medication sentences are per dose. You will need to calculate a ***Beta Blocker is required if it is a home medication. If patient is on a	-	
	document contraindication***		
	metoprolol (metoprolol tartrate) 12.5 mg, PO, tab, OCTOR		
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Order Take	en by Signature:	Date Time	
Physician	Signature:	DateTime	

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ERAS SURGERY PRE-OP PLAN - Phase: OPS/OR Holding Pre-Op Orders 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				
	Contraindications Beta Blocker				
	ERAS Medications				
	gabapentin 600 mg, PO, cap, OCTOR Upon arrival to Outpatient				
	acetaminophen 1,000 mg, PO, tab, OCTOR				
	celecoxib use is contraindicated in patients with a CrCI LESS than 30 mL/min				
	Do not use in patients GREATER than 75 years of age				
	celecoxib ☐ 200 mg, PO, cap, OCTOR Upon arrival to Outpatient				
	 celecoxib use is contraindicated in patients with a CrCl LESS than 30 mL/min Do not use in patients's GREATER than 75 years of age 400 mg, PO, cap, OCTOR Upon arrival to Outpatient 				
	celecoxib use is contraindicated in patients with a CrCl LESS than 30 mL/min Do not use in patients's GREATER than 75 years of age				
	 ***ERAS Patients 65 years of age or younger with a history of post operative nausea/vomiting, give transdermal scopolamine patch and prophylactic ondansetron. scopolamine 1 mg, transdermal, adh patch, OCTOR Upon arrival to Outpatient 				
	ondansetron 8 mg, IVPush, soln, OCTOR Upon arrival to Outpatient				
	GI Prophylaxis				
	famotidine 20 mg, PO, tab, OCTOR	20 mg, IVPush, inj, OCTOR			
	metoclopramide I 10 mg, PO, tab, OCTOR	10 mg, IVPush, inj, OCTOR			
	Antibiotics				
	Select from the following pre-op antibiotics. If ceFAZolin selected, add metronidazole.				
	ceFAZolin 2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis	3 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis			
	 metroNIDAZOLE 500 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Do not refrigerate. Do not give with drugs containing alcohol. 	p Prophylaxis			
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Order Take	n by Signature:	Date Time			
	Signature:				
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ERAS SURGERY PRE-OP PLAN - Phase: OPS/OR Holding Pre-Op Orders 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	R ORDER DETAILS					
	cefoTEtan □ 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophyla: Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over					
	cefOXitin ☐ 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.					
	clindamycin 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis					
	gentamicin 5 mg/kg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis					
	vancomycin 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery					
	Alternately, if the patient has a true anaphylactic allergy to penicillin and cephalosporins, choose both aztreonam AND metronidazole.					
	aztreonam 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of sterile water or NS. Administer IVPush over 3 minutes.					
	metroNIDAZOLE 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis Do not refrigerate. Do not give with drugs containing alcohol.					
	Anticoagulants					
	enoxaparin (enoxaparin for weight 40 kg or GREATER)30 mg, subcut, syringe, OCTOR, Prophylaxis	40 mg, subcut, syringe, OC	TOR, Prophylaxis			
	Heparin should only be ordered after evaluated by anesthesiology regarding anesthesia type.					
	.Medication Management (Notify Nurse and Pharmacy) ☐ ONE TIME, Start date T;N Heparin should not be given until after evaluation by Anesthesia deciding on anesthesia type.					
	heparin ☐ 5,000 units, subcut, inj, OCTOR ERAS Patient					
	Other Pre-Op Medication					
	mupirocin topical (mupirocin 2% topical ointment) 1 app, topical, oint, OCTOR Apply contents of tube evenly between both nostrils.					
	prochlorperazine 25 mg, rectally, supp, OCTOR, nausea/vomiting					
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Order Take	Order Taken by Signature:					
Physician Signature:		Date	Time			



	UMC Health System		Patient Label Here	
	RAS SURGERY PRE-OP PLAN Phase: OPS/OR Holding Pre-Op Orders			
	РНҮ			
	Place an "X" in the Orders column to designate orders of choic	e AND an "x" in the specific or	der detail box(es) where applicable.	
RDER	ORDER DETAILS			
	aspirin ☐ 325 mg, PO, tab ec, OCTOR Do not crush or chew.			
	dexAMETHasone			
	droNABinol ☐ 5 mg, PO, cap, OCTOR To be administered in OR holding			
	methylergonovine			
	oxyCODONE 10 mg, PO, tab, OCTOR			
	oxyCODONE (oxyCODONE extended release) 10 mg, PO, tab sa, OCTOR Do not crush or chew.			
	tranexamic acid ☐ 1000 mg, IVPB, inj, ONE TIME, Infuse over 8 hr To be given INTRAOPERATIVELY.			
	Additional Medication			
	If additional medications are needed, complete the following "mis PowerChart	c medication" order to allow pha	rmacy to enter into	
	misc medication			
	misc medication			
	Laboratory POC Blood Sugar Check			
	ONE TIME, upon arrival	🔲 q4h		
	POC Chem 8			
	POC Hemoglobin and Hematocrit			
	Urine Beta hCG			
	BUN STAT Outpatient/PACU, T;N, Vendor Bill No			
	Creatinine STAT Outpatient/PACU, T;N, Vendor Bill No			
	Respiratory Arterial Blood Gas STAT, Patient in OPS.			
	IS Instruct			
	Consults/Referrals			
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	n by Signature:	Date		



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ERAS SURGERY PRE-OP PLAN - Phase: OPS/OR Holding Pre-Op Orders			
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Consult MD Service: Anesthesiology, Reason: Pre-Op, Routine Service: Anesthesiology, Reason: Pre-Op and Nerve Block, Routine		
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Order Taken by Signature:		Date	Time
Physician Signature:		Date	Time



UMC Health System ERAS SURGERY PRE-OP PLAN - Phase: Outpatient Surgical Procedure		Patient Label Here	
	DUVCICI	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		r detail hov(es) where annlicable
ORDER			r detail box(es) where applicable.
	Patient Care		
	DO NOT MODIFY THIS ORDER, PROCEED TO THE DIAGNOSTIC /P	RE-OP PHASE.	
	Outpatient Surgical Procedure		
	Ostomy Site Marking		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time
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