



<b>UMC Health System</b>  <b>GENERAL SURGERY INPATIENT PRE-OP PLAN</b>	<b>Patient Label Here</b>
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**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
	<input type="checkbox"/> 2 g, IVPush, inj, OCTOR, x 24 hr Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	<b>piperacillin-tazobactam</b> <input type="checkbox"/> 3.375 g, IVPB, ivpb, OCTOR, x 24 hr, Infuse over 30 min Infuse over 30 min <input type="checkbox"/> 4.5 g, IVPB, ivpb, OCTOR, x 24 hr, Infuse over 30 min Infuse over 30 min
	<b>clindamycin</b> <input type="checkbox"/> 600 mg, IVPB, ivpb, OCTOR, Infuse over 30 min <input type="checkbox"/> 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min
	<b>cefoTEtan</b> <input type="checkbox"/> 1 g, IVPush, inj, OCTOR, x 24 hr, Infuse over 30 min Reconstitute with 10 mL of NS or Sterile Water. Administer IV Push over 3 minutes.
	<b>vancomycin</b> <input type="checkbox"/> 1000 mg, IVPB, ivpb, OCTOR, x 24 hr, Infuse over 90 min
	<b>cefOXitin</b> <input type="checkbox"/> 1 g, IVPush, inj, OCTOR, x 24 hr, Infuse over 30 min Reconstitute with 10 mL of NS or Sterile Water. Administer IV Push over 3 minutes. <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, x 24 hr, Infuse over 30 min Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.
<b>Pain Management</b>	
	<b>morphine</b> <input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN pain-severe (scale 8-10) To maintain pain level less than 4/10. <input type="checkbox"/> 2 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 4 mg, IVPush, inj, q2h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 4 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)
	<b>ketorolac</b> <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 5 days
<b>GI Prophylaxis</b>	
	<b>famotidine</b> <input type="checkbox"/> 20 mg, IVPush, inj, Daily Dilute to 2 mg/mL with NS. IV push over 2 min. <input type="checkbox"/> 20 mg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.
<b>Laboratory</b>	
	<b>CBC with Differential</b>
	<b>Prothrombin Time with INR</b>
	<b>PTT</b>
	<b>Basic Metabolic Panel</b>

TO     Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





<p><b>UMC Health System</b></p> <p>BB TYPE AND SCREEN PLAN</p>	<p>Patient Label Here</p>
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**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
	<b>Laboratory</b>
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_