

UMC Health System OB/GYN GENERAL PRE-OP PLAN	Patient Label Here
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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

Patient Care

Pre-Op Patient

Vital Signs
 Per Unit Standards

Insert Peripheral Line

Communication

Notify Provider of VS Parameters
 Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, SpO2 Less Than 92, SBP Greater Than 160, SBP Less Than 90, DBP Greater Than 110, DBP Less Than 50, HR Greater Than 120, HR Less Than 60

Instruct Patient
 Instruct Patient On: Incentive spirometry, with Post Op teaching.

Dietary

NPO Diet
 NPO NPO, Except Meds
 NPO, Except Ice Chips NPO, Except Meds, Except Ice Chips
 T;2359, NPO After Midnight

Oral Diet
 Regular Diet Clear Liquid Diet

IV Solutions

LR (Lactated Ringer's)
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

NS
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

D5 1/2 NS + 20 mEq KCl/L
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

D5 1/2 NS
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

sodium citrate-citric acid
 30 mL, PO, liq, OCTOR

famotidine
 20 mg, IVPush, inj, OCTOR
 Dilute to 2 mg/mL with NS. IVPush over 2 min.

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 Physician Signature: _____ Date _____ Time _____

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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
	metoclopramide <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR
Antibiotics	
	ceFAZolin <input type="checkbox"/> 1 g, IVPush, inj, OCTOR Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes <input type="checkbox"/> 2 g, IVPush, inj, OCTOR Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	cefoTEtan <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Infuse over 30 min Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.
	cefOXitin <input type="checkbox"/> 1 g, IVPush, inj, OCTOR, 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, Infuse over 30 min Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.
	cefuroxime (Zinacef) <input type="checkbox"/> 1.5 g, IVPush, inj, OCTOR Reconstitute with 16 mL of Sterile Water or NS Administer Slow IV Push over 3-5 minutes.
	doxycycline <input type="checkbox"/> 100 mg, PO, cap, OCTOR Administer one hour prior to procedure. <input type="checkbox"/> 100 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr Administer one hour prior to procedure.
Bowel Preparation	
	magnesium citrate <input type="checkbox"/> 300 mL, PO, liq, ONE TIME <input type="checkbox"/> 150 mL, PO, liq, ONE TIME
	polyethylene glycol 3350 with electrolyt (polyethylene glycol 3350 with electrolytes) <input type="checkbox"/> 4,000 mL, PO, liq, ONE TIME
	sodium biphosphate-sodium phosphate (Fleet Enema) <input type="checkbox"/> 1 ea, rectally, enema, ONE TIME
Laboratory	
	CBC <input type="checkbox"/> Routine, T;N <input type="checkbox"/> STAT <input type="checkbox"/> Next Day in AM, T+1;0300

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<p>UMC Health System</p> <p>VTE PROPHYLAXIS 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						
Patient Care							
	<p>VTE Guidelines</p> <p><input type="checkbox"/> See Reference Text for Guidelines</p>						
	<p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***</p> <p>Contraindications VTE</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Active/high risk for bleeding</td> <td><input type="checkbox"/> Treatment not indicated</td> </tr> <tr> <td><input type="checkbox"/> Patient or caregiver refused</td> <td><input type="checkbox"/> Other anticoagulant ordered</td> </tr> <tr> <td><input type="checkbox"/> Anticipated procedure within 24 hours</td> <td><input type="checkbox"/> Intolerance to all VTE chemoprophylaxis</td> </tr> </table>	<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated	<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered	<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated						
<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered						
<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis						
	<p>Apply Elastic Stockings</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High</td> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High</td> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High</td> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High</td> </tr> </table>	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
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	<p>Apply Sequential Compression Device</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Apply to Bilateral Lower Extremities</td> <td><input type="checkbox"/> Apply to Left Lower Extremity (LLE)</td> </tr> <tr> <td><input type="checkbox"/> Apply to Right Lower Extremity (RLE)</td> <td></td> </tr> </table>	<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)	<input type="checkbox"/> Apply to Right Lower Extremity (RLE)			
<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)						
<input type="checkbox"/> Apply to Right Lower Extremity (RLE)							
Medications							
Medication sentences are per dose. You will need to calculate a total daily dose if needed.							
	<p>VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.</p> <p>enoxaparin (enoxaparin for weight 40 kg or GREATER)</p> <p><input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight</p>						
	<p>heparin</p> <p><input type="checkbox"/> 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing</p>						
	<p>VTE Prophylaxis: Non-Trauma Dosing</p> <p>enoxaparin (enoxaparin for weight 40 kg or GREATER)</p> <p><input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</p> <p><input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</p> <p><input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</p> <p><input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function</p>						
	<p>heparin</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 5,000 units, subcut, inj, q12h</td> <td><input type="checkbox"/> 5,000 units, subcut, inj, q8h</td> </tr> </table>	<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h				
<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h						
	<p>rivaroxaban</p> <p><input type="checkbox"/> 10 mg, PO, tab, In PM</p>						
	<p>warfarin</p> <p><input type="checkbox"/> 5 mg, PO, tab, In PM</p>						
	<p>aspirin</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 81 mg, PO, tab chew, Daily</td> <td><input type="checkbox"/> 325 mg, PO, tab, Daily</td> </tr> </table>	<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily				
<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily						
	<p>Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p>						

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VTE PROPHYLAXIS PLAN

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
	fondaparinux <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min

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<p>UMC Health System</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
	Laboratory
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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