UMC Health System

ORTHO CONSULT PRE-OP

Patient Label Here

	PH	HYSICIAN 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					
	Insert Urinary Catheter ☐ Catheter Type: Foley, Dependent Drainage Bag					
	Urinary Catheter Care					
	LLE Weight Bearing Activity Non Weight Bearing Partial Weight Bearing	☐ Weight Bearing as Tolerated☐ Touch Down Weight Bearing				
	RLE Weight Bearing Activity Non Weight Bearing Partial Weight Bearing	☐ Weight Bearing as Tolerated☐ Touch Down Weight Bearing				
	LUE Weight Bearing Activity Non Weight Bearing Partial Weight Bearing	☐ Weight Bearing as Tolerated				
	RUE Weight Bearing Activity Non Weight Bearing Partial Weight Bearing	☐ Weight Bearing as Tolerated				
	Elevate Extremity Left Lower Extremity (LLE), Apply Ice Left Upper Extremity (LUE), Apply Ice	Right Lower Extremity (RLE), Apply Ice Right Upper Extremity (RUE), Apply Ice				
	Set Up for Overhead Trapeze and Frame					
	Apply Traction					
	Communication					
	Peripheral Nerve Block					
	Notify Nurse (DO NOT USE FOR MEDS) ☐ T;N, Hold VTE prophylaxis after 1900 for planned orthopedic procedure scheduled the next day					
	Dietary					
	NPO Diet ☐ T;N, NPO ☐ T;2359, NPO After Midnight ☐ T;2359, NPO After Midnight					
	IV Solutions					
	LR					
□ то	□ N, 173 III.Z/III □ Pred V Pred 28:59 when patient is NPO	☐ Scanned Powerchart ☐ Scanned PharmScan				
Order Taken by Signature:		Date Time				
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						
ORDER	DER ORDER DETAILS D5 1/2 NS + 20 mEq KCI/L						
	Nurse should discontinue this .Medication Management order on return to floor after procedure. If procedure is rescheduled or postponed, the nurse MUST clarify anticoagulation order.						
	Antibiotics						
	ceFAZolin 1 g, IVPush, inj, OCTOR Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes 2 g, IVPush, inj, OCTOR Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes 3 g, IVPush, inj, OCTOR Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes						
	clindamycin ☐ 600 mg, IVPB, ivpb, OCTOR, Infuse over 30 min	900 mg, IVPB, ivpb, OCT	OR, Infuse over 30 min				
	gentamicin ☐ 1.5 mg/kg, IVPB, ivpb, OCTOR, Infuse over 1 hr						
	penicillin G potassium 3 million_unit, IVPB, ivpb, OCTOR, Infuse over 30 min						
	Laboratory						
	Basic Metabolic Panel						
	CBC						
	CBC with Differential						
	PTT Parthered in Time with IND						
	Prothrombin Time with INR						
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan				
Order Taken by Signature:		Date	Time				
Physician Signature:		Date	Time				

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Patient Label Here

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	PHYSICIA	N 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					
ONDER						
	Sed Rate					
	C Reactive protein					
	Diagnostic Tests					
	EKG-12 Lead					
	DX Chest Single View					
	Respiratory					
	Arterial Blood Gas ☐ STAT, Additional Tests: Lactate					
	CTATT, Additional Tools. Educate					
□ то	☐ Read Back	Scanned Powerchart [☐ Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			