**Pre-Op Podiatry [30400820]**

Height ________  
Weight ________  
Allergies ____________________________________________

**Please notify attending physician if the patient is to be admitted.**

Podiatrists must request a medicine consult for all patients whose hospital stay exceeds 48 hours.

If appropriate for patient condition, please consider the following order sets:

- If GFR decreased and patient requires IV contrast study, consider hydrating patient using Hydration Order for reducing Risk of Radiocontrast Induced Nephrotoxicity #683
- Patient Controlled Analgesia (PCA) #564
- Venous Thromboembolism (VTE) Risk Assessment #718

### General: Inpatient Pre-op

**Case Request**

<table>
<thead>
<tr>
<th>[ ] Case request operating room</th>
<th>Case Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUIRED: Primary Provider</td>
<td>____________________</td>
</tr>
<tr>
<td>REQUIRED: Location</td>
<td>____________________</td>
</tr>
<tr>
<td>REQUIRED: Procedure</td>
<td>____________________</td>
</tr>
<tr>
<td>REQUIRED: Pre-op Diagnosis</td>
<td>____________________</td>
</tr>
<tr>
<td>REQUIRED: Pre-op Risk Screen Complete?</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Vital Signs**

- [ ] Vital signs  
  Routine, Every 4 hours, Starting today, Per Protocol, Pre-op
- [X] Measure weight  
  Routine, Daily, Starting today, Pre-op

**Other**

**SAH, SCH, SFH, SJMC & Harrison Cardiac Pulse Monitoring (Pre-Op)**

| [ ] Pulse Oximetry | Routine, Once, Starting today  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Keep O2 saturation greater than or equal to: Pre-op</td>
</tr>
</tbody>
</table>
| [ ] Continuous Pulse Oximetry | Routine, Until discontinued, Starting today  
|                   | Keep O2 saturation greater than or equal to: Pre-op |
| [ ] Cardiac monitoring | Routine, Until discontinued, Starting today, Pre-op |
| [ ] Other |                                      |

**Diet**

- [ ] Diet NPO  
  Diet effective now, Starting today  
  NPO Except: Diet Comments: Pre-op

**Other**

**Nursing Interventions**

- [ ] Obtain medical records  
  Routine, Until discontinued, Starting today,  
  REQUIRED: Physician / Facility: ____________________  
|                  | Pre-op |

- [X] Retention Catheter Panel

---

**Provider Initials _______

Page 1 of 5

Revision F

---

**PHYSICIAN ORDERS**

IP Pre-Operative PODIATRY
<table>
<thead>
<tr>
<th>Provider Initials</th>
<th>Page 2 of 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Revision F</td>
</tr>
</tbody>
</table>

**PHYSICIAN ORDERS**

**IP Pre-Operative PODIATRY**

<table>
<thead>
<tr>
<th>Insert urinary retention catheter</th>
<th>Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention.</th>
<th>Initiate Medical Staff Approved Urinary Catheter Protocol, Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinalysis with culture, if indicated, upon insertion</td>
<td>Daily, Starting today with First Occurrence Include Now For 2 Occurrences Obtain a UA-R upon insertion and repeat UA-R prior to 48 hours post-insertion., Pre-op</td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICIAN ORDERS: Used to have tests done pre-operatively the day of surgery**

**Pre-Anesthesia Testing Protocol**

<table>
<thead>
<tr>
<th>Initiate Pre-Anesthesia Testing Protocol Physician Order #009</th>
<th>Routine, Once, Starting today For 1 Occurrences, Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Pre-op Chemistry**

<table>
<thead>
<tr>
<th>Basic metabolic panel</th>
<th>Once, Starting today, Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive metabolic panel</td>
<td>Once, Starting today, Pre-op</td>
</tr>
<tr>
<td>C-reactive protein</td>
<td>Once, Starting today, Pre-op</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Pre-op Hematology**

<table>
<thead>
<tr>
<th>CBC and differential</th>
<th>Once, Starting today, Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC, no diff (hemogram)</td>
<td>Once, Starting today, Pre-op</td>
</tr>
<tr>
<td>Sedimentation rate, manual</td>
<td>Once, Starting today, Pre-op</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Pre-op Coagulation**

<table>
<thead>
<tr>
<th>Protime-INR</th>
<th>Once, Starting today, Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated partial thromboplastin time</td>
<td>Once, Starting today, Pre-op</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Pre-op Microbiology**

<table>
<thead>
<tr>
<th>MRSA by PCR</th>
<th>Once, Starting today Culture suspected infection per protocol. REQUIRED: Specimen Source _____________________ Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Pre-op Urine**

<table>
<thead>
<tr>
<th>Urinalysis with culture, if indicated</th>
<th>Once, Starting today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Imaging**

<table>
<thead>
<tr>
<th>X-ray chest PA and lateral</th>
<th>Routine, 1 time imaging, Starting today For 1 Occurrences REQUIRED: Reason for Exam: __________________________ REQUIRED: Is the patient pregnant? _________ Reason for Exam (USE SIGNS AND SYMPTOMS): Transport Mode: Transport Mode: Bed Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**SAH, SCH, SFH, SJMC & Harrison Cardiac Studies**
### PHYSICIAN ORDERS

**IP Pre-Operative PODIATRY**

#### PATIENT INFORMATION

**ECG 12 lead unit performed**
- Routine, Once, Starting today For 1 Occurrences
- **REQUIRED:** Reason for Exam (Signs & Symptoms):
  - Pre-op

**Highline Cardiac Studies**
- **ECG 12 lead**
  - Routine, Once, Starting today For 1 Occurrences
  - **REQUIRED:** Reason for Exam (Signs & Symptoms):
    - Pre-op

---

### Ambulatory PAT Orders: Used to have tests done prior to day of surgery

#### Pre-Anesthesia Testing Protocol

- **Initiate Pre-Anesthesia Testing Protocol Physician Order #009**
- Routine, Clinic Performed, Pre-Admit Testing

- **Other**

#### Pre-Admit Testing Chemistry

- **Basic metabolic panel**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **Comprehensive metabolic panel**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **C-reactive protein**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **Other**

#### Pre-Admit Testing Hematology

- **CBC and differential**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **CBC, no diff (hemogram)**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **Sedimentation rate, manual**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **Other**

#### Pre-Admit Testing Coagulation

- **Protime-INR**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **aPTT 1:1 mix**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

- **Other**

#### Pre-Admit Testing Urine

- **Urinalysis with culture, if indicated**
  - Routine, Clinic Collect, Expires: 6/3/15, Pre-Admit Testing

- **POCT pregnancy, urine**
  - Routine, Pre-Admit Testing

- **Other**

#### SAH, SCH, SFH, SJMC & Harrison Pre-Admission Testing Imaging / Tests

- **ECG 12 lead unit performed**
  - Expires: 6/3/15, Routine, Ancillary Performed, Pre-Admit Testing
  - **REQUIRED:** Reason for Exam (Signs & Symptoms):

- **X-ray chest PA and lateral**
  - Expires: 6/3/15, Routine, Ancillary Performed, Pre-Admit Testing
  - **REQUIRED:** Reason for Exam (Signs & Symptoms):

- **Other**

---

**Provider Initials _____**

Page 3 of 5

Revision F

---

**Franciscan Health System**

- St. Joseph Medical Center,Tacoma, WA
- St. Francis Hospital, Federal Way, WA
- St. Clare Hospital, Lakewood, WA
- St. Elizabeth Hospital, Enumclaw, WA
- St. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**

**IP Pre-Operative PODIATRY**
### PHYSICIAN ORDERS

**IP Pre-Operative PODIATRY**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Instructions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VTE Prophylaxis: Pre-op</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SAH, SCH, SFH, SJMC & Harrison Pre-op VTE Prophylaxis Mechanical | Place sequential compression device  
Routine, Until discontinued, Starting today  
Stocking Type: Knee high  
Apply SCD's: Both legs  
Pre-op | Note to provider: Reason required to be in compliance with CMS SCIP guidelines |
|                                                     | Place TED hose  
Routine, Until discontinued, Starting today  
REQUIRED: Stocking type: ____________________________  
Leg choice:  
Pre-op | |
|                                                     | Reason for No VTE Prophylaxis (Mech)  
REQUIRED: Reason for no VTE prophylaxis (mechanical): | |
| Highline Pre-op VTE Prophylaxis Mechanical         | [X] Place sequential compression device  
Routine, Until discontinued, Starting today  
Stocking Type: Knee high  
Apply SCD's: Both legs  
Pre-op | |
|                                                     | [ ] Reason for No VTE Prophylaxis (Mech)  
REQUIRED: Reason for no VTE prophylaxis (mechanical): | |
| Pre-op VTE Prophylaxis Pharmacological             | [ ] heparin (porcine) injection 5,000 units/mL  
5,000 Units, SubCutaneous, Once, For 1 Doses, Pre-op  
On admission to surgical unit  
Routine | |
|                                                     | [ ] enoxaparin (LOVENOX) syringe 30 mg  
30 mg, SubCutaneous, Once, For 1 Doses, Pre-op  
On admission to surgical unit  
Routine | |
|                                                     | [ ] enoxaparin (LOVENOX) syringe 40 mg  
40 mg, SubCutaneous, Once, For 1 Doses, Pre-op  
On admission to surgical unit  
Routine | |
|                                                     | [ ] Reason for No VTE Prophylaxis (Pharm)  
Reason for no VTE prophylaxis (pharmacological): High risk of bleeding  
Note to provider: Reason required to be in compliance with CMS SCIP guidelines | |
<p>| IV Fluids: Pre-op                                 |                                                                              |       |
| Pre-op IV Fluids                                  |                                                                              |       |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saline Flush and Lock Panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium chloride 0.9 % syringe</td>
<td>2 mL, Intravenous</td>
<td>Every 8 hours, Pre-op, Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saline lock IV</td>
<td></td>
<td>Routine, Continuous, Starting today, Pre-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium chloride 0.9% (NS) infusion</td>
<td>100 mL/hr, Intravenous, Continuous, Pre-op, Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium chloride 0.9 % with KCl 20 mEq/L infusion</td>
<td>100 mL/hr, Intravenous, Continuous, Pre-op, Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications: Pre-op**

Harrison pharmacy consult - SCIP antibiotics

- **Pharmacy Consult: Antibiotics**
  - Routine, Once, Starting today For 1 Occurrences

**Other**

Pre-op Antibiotics

- **Ampicillin-sulbactam (UNASYN) IVPB**
  - 1.5 g, Intravenous, Once, For 1 Doses, Pre-op, Routine
- **Ampicillin-sulbactam (UNASYN) IVPB**
  - 3 g, Intravenous, Once, For 1 Doses, Pre-op
  - Administer 3 g for patients greater than 80 kg Routine
- **CeFAZolin (ANCEF) IV**
  - 1 g, Intravenous, Once, For 1 Doses, Pre-op, Routine
- **CeFAZolin (ANCEF) IV**
  - 2 g, Intravenous, Once, For 1 Doses, Pre-op
  - Administer 2 g for patients greater than 80 kg Routine
- **Clindamycin (CLEOCIN) IV syringe**
  - 600 mg, Intravenous, Once, For 1 Doses, Pre-op, Routine
- **Clindamycin (CLEOCIN) IV syringe**
  - 900 mg, Intravenous, Once, For 1 Doses, Pre-op
  - Administer 900 mg for patients greater than 100 kg Routine
- **MetroNIDAZOLE (FLAGYL) IVPB 500 mg (premix)**
  - 500 mg, Intravenous, for 60 Minutes, Once, For 1 Doses, Pre-op, Routine
- **Piperacillin-tazobactam (ZOSYN) IV**
  - 3.375 g, Intravenous, for 30 Minutes, Once, For 1 Doses, Pre-op
  - **REQUIRED:** Indication: ________________________
  - **REQUIRED:** Is this patient at risk for pseudomonas or resistant GNR infection? ________
  - **REQUIRED:** Is this medication being used to cover anaerobes? ________ Routine
- **Pharmacy to dose vancomycin**
  - Routine, Once, Starting today For 1 Occurrences
  - **REQUIRED:** Indications for use __________________________

**Other**

**Date:** _______ **Time:** _______ **Printed Name of Ordering Provider:** ____________________________

**Provider Signature:** ____________________________

**Date:** _______ **Time:** _______ **RN Acknowledged:** ____________________________

---

**PHYSICIAN ORDERS**

IP Pre-Operative PODIATRY