General Surgical / Colon Pre-Op  [30400086]

Height_____________________
Weight_____________________
Allergies_____________________  

If appropriate for this patient:
Stop or hold therapeutic anticoagulation:
- Stop heparin infusion 4 to 6 hours prior to surgery
- Hold prophylactic LMWH for at least 12 hours before anticipated neuraxial anesthetic
- Hold LMWH for 24 hours if therapeutic dose being used prior to neuraxial anesthetic

NOTE TIPS:
- Diabetics who are NPO for surgery still need their basal insulin
- Hold oral agents until tolerating PO postoperatively
- It is recommended that preoperative long acting insulin dose be halved but still given and send patient to surgery with D5W running
- If on 70/30 give only 1/2 the N component (e.g. On 80 units of 70/30 then give 1/2 of the 56 units that is the N component or 28 units)
- If on Lantus or Levemir at bedtime give half the usual bedtime dose

General: Inpatient Pre-op

Case Request

[ ] Case request operating room
Case Request, Case Request
Primary Provider: ______________________ Required
Location: ___________________________ Required
Procedure: ___________________________ Required
Pre-op Diagnosis: ______________________ Required
Pre-op risk Screen completed?: ______________________ Required

[ ] Other

Vital Signs

[ ] Vital signs
Routine, Per unit routine, Starting today, Pre-op

[ ] Frequent vital signs
Indication:
Q15 minutes x (# of occurrences):
Q30 minutes x (# of occurrences):
Q1 hour x (# of occurrences):
Q2 hours x (# of occurrences):
Q4 hours x (# of occurrences):
Then: Per unit routine
Pre-op, Until discontinued, Starting today

[ ] Other

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

[ ] Pulse Oximetry
Routine, Once, Starting today
Keep O2 saturation greater than or equal to:
Pre-op

[ ] 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

Activity

[ ] Activity as tolerated
Routine, Until discontinued, Starting today, Pre-op

[ ] Other

Provider Initial: ____________________
Diet

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

[] Diet Liquid
  Diet effective now, Starting today
  Diet: Clear
  Diet:
  Additional Modifiers:
  Viscosity/Liquids:
  Pre-op

[] Other

Nursing Interventions

[] Nasogastric tube insertion
  Routine, Once, Starting today For 1 Occurrences
  Suction type:
  Insert if patient unable to drink electrolyte solution, Pre-op

[] Insert retention catheter
  Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention.

[] Insert Foley catheter
  Initiate Medical Staff Approved Urinary Catheter Protocol, Pre-op

[] Urinalysis with culture, if indicated, upon insertion
  As needed, Starting today For 2 Occurrences
  Obtain a UA-R upon insertion and repeat UA-R prior to 48 hours post-insertion., Pre-op

[] Discontinue catheter when patient able to sit up on bedside.
  Routine, Once, Starting today
  Post Op Day:
  Pre-op

[X] Nursing communication
  Routine, Until discontinued, Starting today, Warm patient preoperatively., Pre-op

[] May shower
  Routine, Until discontinued, Starting today
  Shower instructions: night before surgery
  Pre-op

[] Other

Education

[] Instruct patient in PCA machine use
  Routine, Until discontinued, Starting today, Pre-op

[] Routine drain care teaching
  Routine, Until discontinued, Starting today, Pre-op

[] Other

Respiratory Interventions

[] Instruct patient in incentive spirometer use
  Routine, Once, Starting today For 1 Occurrences, Pre-op

[] Oxygen therapy
  Routine, Continuous, Starting today
  Use protocol:
  O2 Delivery Method: Nasal cannula
  Titrate to saturation of: 92%
  Indications for O2: Hypoxemia
  Indicate LPM/FiO2:
  Pre-op

[] Other

Physician Consults

[] Inpatient consult to Anesthesiology
  Reason for Consult?:
  RN/Secretary to contact the consulting provider?:

[] Other

Provider Initial: ___________________
### Ancillary Consults

| [] | Inpatient consult to Wound Care/ET | Reason for Consult? evaluation for colostomy or ileostomy site marking Pre-op |
| [] | Inpatient consult to Transfusion Free Program | Reason for Consult? Pre-op |
| [] | Other |

### Consents

| [] | Verify hospital consent form completed and signed | Routine, Once, Starting today For 1 Occurrences, Pre-op |
| [] | Verify informed consent by completing hospital consent form to read as above for Procedure | Routine, Once, Starting today For 1 Occurrences, Pre-op |
| [] | Obtain consent for Non-Blood Medical Management | Routine, Once, Starting today For 1 Occurrences, Pre-op |
| [] | Other |

### Inpatient Pre-op Orders: Used to have tests done pre-operatively the day of surgery

#### Pre-Anesthesia Testing Protocol

| [] | Initiate Pre-Anesthesia Testing Protocol Physician Order #009 | Routine, Once, Starting today For 1 Occurrences, Pre-op |
| [] | Other |

#### Chemistry Pre-Op (day of surgery)

Providers: If GFR decreased and patient requires IV contrast study, consider hydrating patient using Hydration Order for Reducing Risk of Radiocontrast induced Nephrotoxicity. Physician Order # 683.

| [] | Comprehensive metabolic panel | Once, Starting today, Pre-op |
| [] | Basic metabolic panel | Once, Starting today, Pre-op |
| [] | hCG, serum, qualitative | Once, Starting today, Pre-op |
| [] | Other |

#### Hematology Pre-Op (day of surgery)

Type and Cross is ordered in the Blood Administration Physician Order #632

| [] | CBC and differential | Once, Starting today, Pre-op |
| [] | Type and screen | Once, Starting today, Pre-op |
| | Has the patient been transfused within the past 90 days?: ______ Required |
| | Has the patient been pregnant within the past 90 days?: ______ Required |
| [] | Crossmatch | ASAP, Starting today, Pre-op |
| | Reason for Blood: | Required |
| | Blood Product Type Needed: | Required |
| | Patient has predonated autologous pRBCs? ______ Required |
| | Has the Patient been transfused with in the past 90 days? ______ Required |
| | Has the patient been pregnant with in the past 90 days? ______ Required |
| [] | Other |

### Coagulation Pre-Op (day of surgery)

| [] | Protime-INR | Once, Starting today, Pre-op |
| [] | Activated partial thromboplastin time | Once, Starting today, Pre-op |
| [] | Other |

### Microbiology Pre-Op (day of surgery)

| [] | MRSA by PCR | Once, Starting today, Pre-op Required |
| [] | Other |

---

**Provider Initial:**

---

**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**
## Imaging

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray chest PA and lateral</td>
<td>Routine, 1 time imaging, Starting today For 1 Occurrences</td>
<td></td>
<td>Required</td>
<td>Is the patient pregnant?</td>
</tr>
<tr>
<td>X-ray chest PA and lateral</td>
<td>Routine, Once, Starting today For 1 Occurrences</td>
<td>Expires: 6/3/15</td>
<td>Required</td>
<td>Is the patient pregnant?</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>Reason for Exam (USE SIGNS AND SYMPTOMS):</td>
</tr>
</tbody>
</table>

## SAH, SCH, SFH, SJMC & Harrison Cardiac Studies

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECG 12 lead unit performed</td>
<td>Routine, Once, Starting today For 1 Occurrences</td>
<td></td>
<td>Required</td>
<td>Reason for Exam (Signs &amp; Symptoms):</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Harrison IP Pre-Admission Testing Imaging

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray chest PA and lateral</td>
<td>Routine, Ancillary Performed, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

## Pre-Anesthesia Testing Protocol

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate Pre-Anesthesia Testing Protocol Physician Order #009</td>
<td>Routine, Clinic Performed, Pre-Admit Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Chemistry - Pre-Admission (prior to day of surgery)

Providers: If GFR decreased and patient requires IV contrast study, consider hydrating patient using Hydration Order for Reducing Risk of Radiocontrast induced Nephrotoxicity. Physician Order # 683.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive metabolic panel</td>
<td>Routine, Lab Collect, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic metabolic panel</td>
<td>Routine, Lab Collect, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hCG, serum, qualitative</td>
<td>Routine, Lab Collect, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Hematology Pre-Admission (prior to day of surgery)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC and differential</td>
<td>Routine, Lab Collect, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Type and Screen (Pre-Admission)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type and screen</td>
<td>Routine, Lab Collect, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the patient been transfused within the past 90 days?</td>
<td>Converts:________ Required</td>
<td></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Type and Crossmatch</td>
<td>Routine, Lab Collect, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of units to prepare: ______ Required</td>
<td>Reason for Blood: ______ Required</td>
<td></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Blood Product Type Needed: ______ Required</td>
<td>Patient has predonated autologous pRBCs? ______ Required</td>
<td></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Has the Patient been transfused with in the past 90 days? ______ Required</td>
<td>Has the patient been pregnant within the past 90 days?: ______ Required</td>
<td></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Has the patient been pregnant with in the past 90 days?: ______ Required</td>
<td></td>
<td></td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Coagulation Pre-Admission (prior to day of surgery)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Start Date</th>
<th>Frequency</th>
<th>Reason for Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protire-INR</td>
<td>Routine, Lab Collect, Pre-Admit Testing</td>
<td>Expires: 6/3/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider Initial:**
### General Surgical / Colon Pre-Op [30400086]

**Activated partial thromboplastin time**  
Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

**Other**  

**Microbiology Pre-Admission (prior to day of surgery)**

- **MRSA by PCR**  
Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing Required

- **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

- **X-ray chest PA and lateral**  
Expires: 6/3/15, Routine, Ancillary Performed, Pre-Admit Testing

- **Other**  

**Harrison IP Pre-admission Testing**

- **X-ray chest PA and lateral**  
Expires: 6/3/15, Routine, Ancillary Performed, Pre-Admit Testing

- **Other**  

### VTE Prophylaxis - Pre-op

**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

- **Place TED hose**  
Routine, Until discontinued, Starting today  
Stocking type:  
Leg choice:  
Pre-op

- **Reason for No VTE Prophylaxis (Mech)**  
Reason for no VTE prophylaxis (mechanical):  
Note to provider: Reason required to be in compliance with CMS SCIP guidelines

- **Other**  

**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

- **Other**  

**IV Fluids - Pre-op**

**Pre-Op IV Fluids**

- **Place additional saline lock**  
"And" Linked Panel  
Routine, Once, Starting today For 1 Occurrences, Use #18 gauge if possible - use anesthesia tubing for IVs, Pre-op

- **Saline lock IV**  

---

**Provider Initial:**

---

**Page 5 of 7**

**General Surgical / Colon Pre-Op**  
[30400086]  

---

**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**

---

**PATIENT INFORMATION**
<table>
<thead>
<tr>
<th>Medications: Pre-op</th>
</tr>
</thead>
</table>

**Harrison pharmacy consult - SCIP antibiotics**

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

**Pre-Op Antibiotics**

To be given by anesthesia within 60 minutes of incision (within 120 min for levofloxacin). Levofloxacin prophylaxis reserved for patients with documented beta-lactam allergy.

- cefOxin (MEFOXIN) 1 g IV
  - 1 g, IntraVEnous, On call, For 1 Doses, Pre-op Administer within 60 minutes of incision. Routine
- cefOxin (MEFOXIN) 2 g IV
  - 2 g, IntraVEnous, On call, For 1 Doses, Pre-op For patients greater than 80 kg. Administer within 60 minutes of incision. Routine
- Pre-op Cefazolin (Ancef) 1g - Metronidazole Panel
  - "And" Linked Panel
    To be given within 60 minutes of incision
- cefaZolin (ANCEF) IV
  - 1 g, IntraVEnous, On call, For 1 Doses, Pre-op To be given by anesthesia within 60 minutes of incision (120 minutes for Vancomycin and Levofloxacin) Routine
- metroNIDAZOLE (FLAGYL) IVPB 500 mg (premix)
  - 500 mg, IntraVEnous, On call, For 1 Doses, Pre-op To be given by anesthesia within 60 minutes of incision (120 minutes for Vancomycin and Levofloxacin) Routine
- Pre-op Cefazolin (Ancef) 2g - Metronidazole Panel
  - "And" Linked Panel
    To be given within 60 minutes of incision
- cefaZolin (ANCEF) IV
  - 2 g, IntraVEnous, On call, For 1 Doses, Pre-op For patients greater than 80Kg Routine
- metroNIDAZOLE (FLAGYL) IVPB 500 mg (premix)
  - 500 mg, IntraVEnous, On call, For 1 Doses, Pre-op, Routine
- Metronidazole 500 Levofloxacin 500 IV Panel
  - "And" Linked Panel
- metroNIDAZOLE (FLAGYL) IVPB 500 mg (premix)
  - 500 mg, IntraVEnous, On call, For 1 Doses, Pre-op, Routine
- levofloxacin (LEVAQUIN) IVPB 500 mg (premix)
  - 500 mg, IntraVEnous, for 60 Minutes, On call, For 1 Doses, Pre-op, Routine
- Other
<table>
<thead>
<tr>
<th>Description</th>
<th>Dose and Administration Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>metoclopramide (REGLAN) tablet</td>
<td>10 mg, Oral, Once, For 1 Doses, Pre-Admit Testing 30 minutes prior to Polyethylene Glycol-Electrolyte Solution (Golytely, Colyte, etc) Routine</td>
</tr>
<tr>
<td>polyethylene glycol (GoLYTELY) solution</td>
<td>4,000 mL, Oral, Once, For 1 Doses, Pre-Admit Testing Give 240 mL PO every 10 minutes until completed. If patient unable to drink solution, insert nasogastric tube and give 500 ml every 15 minutes until 4,000 ml completed. Routine Comments: Complete By***. Call Physician if unable to complete in stated time. Required</td>
</tr>
<tr>
<td>magnesium citrate oral solution</td>
<td>360 mL, Oral, Once, For 1 Doses, Pre-Admit Testing, Routine</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>