

PATIENT TYPE: Inpatient Observation Extended Recovery
PATIENT CLASS: Medical Trauma

 Last Name First Name Middle Initial

 Room Date Time Height Weight

Allergies: _____
 Diagnosis: _____

✓	Level of Care	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Admit to Inpatient						
	Refer to Observation						
	Extended Recovery						
✓	Code	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Full Code						
	Full treatment WITH intubation but Without ACLS						
	Full Treatment WITHOUT intubation and WITHOUT ACLS						
	Comfort Care						
✓	Pre-Op Case Request	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Case Request Operating Room						
	Case Request GI						
✓	Isolation Orders	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Contact Isolation						
	Droplet Isolation						
	Airborne Respirator Isolation						
	Airborne Respirator Contact , Droplet Isolation						
	Neutropenic Precautions						
	Contact Enteric Isolation						
✓	Vital Signs	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Frequent Vital Signs: Q1 Hour x (# of Occurrence) Q2 Hours x (# of Occurrence) Q4 Hours x (# of Occurrence) Then Pre-Op						
✓	Cardiac Monitoring	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Cardiac Monitoring						
✓	Activity	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	activity as tolerated						
	Bed Rest						
	Bathroom Privileges						
	Commode at Bedside						
	Elevate Extremity						



**GENERAL SURGICAL PRE OPERATIVE
 PAPER ORDER SHEET
 DOWNTIME**

PATIENT INFORMATION

Proof Copy
 Not A Valid
 Medical Record

✓	Activity (continued)	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Elevate HOB						
	Up with Assistance						
	Up in Chair						
✓	Diet	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Diet NPO						
	Diet General						
	Diet Cardiac						
	Diet ADA Diabetic						
	Advanced Diet as Tolerated						
✓	SCIP Urinary Catheter Orders	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Discontinue Existing Urinary Catheter						
	Continue Indwelling Urinary Catheter						
	Urinary Catheter Care						
	Nurse Driven Removal of Catheter						
	Catheter was not placed Intra-Operatively						
	Insert Indwelling Catheter						
✓	Special Pre Op Instructions	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Patient Position OR						
	Hover Mat						
	Bean Bag						
	Fleet Enema until clear morning of Surgery						
✓	Consent	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Verify Hospital Consent form completed and Signed						
	Verify Informed Conset						
✓	Pain Management Communication	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Anesthesia Post Surgical Pain Assistance						
✓	Nursing Interventions	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Bladder Scan						
	change Dressing						
	Oxygen Therapy						
	Chest Tube to Continous Suction						
	Dressing Check						
	Empty Surgical Drain						
	NG Tube Maintenance						
✓	Respiratory Interventions	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Mechanical Vent- Noninvasive						
✓	Physician Consult	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Inpatient Consult to Sound Hospitalist						
	Inpatient Consult to Kaiser Permanent Hospitalist						
	Inpatient Consult to FIT Hospitalist						



**GENERAL SURGICAL PRE OPERATIVE
PAPER ORDER SHEET
DOWNTIME**

*Proof Copy
Not A Valid
Medical Record*

✓	Other Consults	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
✓	Pain Management Communication	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Anesthesia Post Surgical Pain Assistance (Anesthesia may provide a peripheral nerve block and/or Neuraxial Block [e.g. epidural spinal] to assist with post surgical pain management as appropriate, Post-Op						

Inpatient Pre OP Orders

✓	Pre-Anesthesia Testing Protocol	Collection Date & Time	Initials
	Initiate Pre Anesthesia Testing Protocol		
✓	Chemistry PACU	Collection Date & Time	Initials
	Basic Metabolic Panel [678]		
	Basic Metabolic plus Panel [3420]		
	Pregnancy urine [437]		
	Electrolytes [595]		
✓	Coagulation PACU	Collection Date & Time	Initials
	Protime-INR [1750]		
	Activated Partial Thromboplastin Time [1760]		
✓	Hematology PACU	Collection Date & Time	Initials
	CBC and Differential [1696]		
	CBC No Diff (Hemogram) [1698]		
	Hemoglobin [291]		
	Hemoglobin and Hematocrit Blood [753]		
	Hematocrit [1688]		
✓	Microbiology	Collection Date & Time	Initials
	MRSA PCR Screen and contact precautions if Indicated, Per MRSA Screening protocol		
✓	Urine	Collection Date & Time	Initials
	UA With Culture, if indicated [101445]		
✓	Lab Additional orders	Collection Date & Time	Initials
✓	Cardiac Studies	Collection Date & Time	Initials
	ECG 12 Lead		
✓	Imaging	Collection Date & Time	Initials
	XR Chest 2 Views- AP & Lateral		



**GENERAL SURGICAL PRE OPERATIVE
PAPER ORDER SHEET
DOWNTIME**

*Proof Copy
Not A Valid
Medical Record*

✓	VTE Prophylaxis	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	0-1 Risk Score & Low or High Bleeding						
	2-5 Risk Score & Low Bleeding Risk [SDC- Enoxaprin -heparin]						
	2-5 Risk Score & High Bleeding Risk [SCDs]						
	Reason for no VTE Prophylaxis						

Prophylaxis Regimen Guidelines

Total VTE Risk Factor Score	Incidence of VTE	VTE Risk Level
0-1	Less than 10%	Very Low Risk
2	10-20%	Low Risk
3-4	20-40%	Moderate Risk
5 or more	40-80% 1-5 mortality	High Risk

Bleeding Risk Assessment

HIGH Risk Factors	LOW Risk Factors
Active Bleeding	Hepatic Insufficiency (INR greater than 1.5)
Active Gastroduodenal Ulcer	Renal Insufficiency (GFR less than 30 ml/min/m2)
UGI Bleed within 3 months	Elderly (Age 65 years or greater)
Platelets less than 50,000	ICU stay

Bleeding risk: 1 HIGH risk factor or 3 LOW risk factors = High Risk

✓	VTE Prophylaxis Pharmacological	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Heparin Injection [75738407]		5000 Units	Subcutaneous	Every 12 hours		
	Heparin Injection [75738408]		5000 Units	Subcutaneous	Every 8 hours		
	Enoxaparin LOVENOX Injection [75738409]	40 mg		Subcutaneous	Daily		
	Reason for No VTE Prophylaxis (Pharm) [75738410] Note: Reason require to be in compliance with CMS Guidelines.	Reason:					
✓	Chlorhexidine Wipes	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Chlorhexidine Gluconate 2% Towelette						
	Chlorhexidine Wipes (Use 6 cloths [3 packs] the morning of Surgery in Pre Op.						



Proof Copy
Not A Valid
Medical Record

Medications

✓	Pre Op IV Fluids	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	Sodium Chloride 0.9% (NS) Infusion [27838]			Intravenous	Continuous Pre Op		
	Lactated Ringers Infusion [4318]	125mL/hr		Intravenous	Continuous Pre Op		
	Dextrose5% and Sodium Chloride 0.45% infusion [9814]	100 ml/hr		Intravenous	Continuous Pre Op		
	Lidocaine Injection [420118]	0.3 ml		Intradermal	As needed IV Start		
✓	Pre Op Antibiotics	Dose	Units	Route	Frequency	Time Ordered	Time Entered
	CeFAzolin (ANCEF) IV [420006] For Weight Less than 120 kg	2gram		Intravenous	For 1 dose Pre Op. To be given by anesthesia 60 min before incision		
	CeFAzolin (ANCEF) IV [420006] For Weight greater than or equal to 120 kg	3 gram					
	Cefoxitin(MEFOXIN) IV [420011]	2gram		Intravenous	For 1 dose Pre Op. To be given by anesthesia 60 min before incision		
	Metronidazole (FLAGYL) IVPB 500 (Premix) [5018]	500mg		Intravenous	For 1 dose Pre Op. To be given by anesthesia 60 min before incision		
	Clindamycin IV [420108]	900mg		Intravenous	Intravenous for 30 minutes Clindamycin to be given by anesthesia within 60 min before incision		
	Gentamicyn [400285]	5mg/kg		Intravenous	Intravenous for 30 minutes for 1 dose Pre Op. To be given by Anesthesia within 60 min prior incision.		

✓	OTHER- Pre Op Medications (Additional Orders)	Dose	Units	Route	Frequency	Time Ordered	Time Entered

All orders must be Time, Dated and Signed.
Date and Time Orders.
Range Orders: Use Only one Range either dose or Time Interval.
PRN Orders: Must have indication included in the Order.
When Ordering multiple medications for the same indication, include a clear distinction of when one agent should be administered over another.

_____ Date _____
Name Provider's Signature Time



**GENERAL SURGICAL PRE OPERATIVE
PAPER ORDER SHEET
DOWNTIME**

Proof Copy
Not A Valid
Medical Record

PATIENT INFORMATION