

UVMC Surgery Order Sheet (General)

Patient Name _____ PAT Date ____/____/____ Time _____ AM PM
 Location **UVMC** Main OR Cath Lab Endo Minor Hyatt Surgery Date ____/____/____ Time _____ AM PM
 Social Security # _____ Date of Birth _____ Phone # _____
 Patient Address _____ Diagnosis Code _____
 Diagnosis _____
 Procedure _____
 Special Requests _____

Ordering Physician _____ Patient Class Inpatient Outpatient Height _____ Weight _____ kg _____ lbs

Valley Anesthesia: General Spinal Block _____ Other

Local or Physician directed sedation

Latex Allergy yes no

Allergies & Reactions: _____

Diagnostic Testing: Diagnostic Testing ordered in EPIC

<input type="checkbox"/>	CBC	<input type="checkbox"/>	Hepatic Panel	<input type="checkbox"/>	EKG	<input type="checkbox"/>	Crutch Training
<input type="checkbox"/>	BMP	<input type="checkbox"/>	CMP	<input type="checkbox"/>	CXR	<input type="checkbox"/>	Sentinel Node Injection
<input type="checkbox"/>	PT					<input type="checkbox"/>	Needle Loc
<input type="checkbox"/>	aPTT						
<input type="checkbox"/>	Type and Screen	<input type="checkbox"/>	Culture Single Organism- MRSA nasal swab				
<input type="checkbox"/>	Type and Cross Match (complete Blood Product Form)	<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Pregnancy Test	<input type="checkbox"/>	Other:				

DAY OF SURGERY ORDERS

<input type="checkbox"/>	Urine Pregnancy day of surgery	<input type="checkbox"/>	aPTT
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VTE Prophylaxis Sequential Compression Device

Instruct on the use of incentive spirometry (Respiratory) Required for all Inpatients

Clipper Prep _____

IF MRSA NASAL SWAB POSITIVE PATIENT SHOULD BE GIVEN VANCOMYCIN PREOPERATIVELY.

Pre-op Antibiotic	Suggested Dose for Patient wt 75 KG or less	Suggested Dose for Patient wt Greater than 75 KG
Ampicillin/Sublactam (Unasyn)	<input type="checkbox"/> 3 grams IVPB	<input type="checkbox"/> 3 grams IVPB
Cefazolin (Ancef, Kefzol)	<input type="checkbox"/> 1 gram IVPB	<input type="checkbox"/> 2 grams IVPB
Cefotetan	<input type="checkbox"/> 1 gram IVPB	<input type="checkbox"/> 2 grams IVPB
Cefuroxime (Zinacef)	<input type="checkbox"/> 1.5 grams IVPB	<input type="checkbox"/> 1.5 grams IVPB
Clindamycin	<input type="checkbox"/> 600 mg IVPB	<input type="checkbox"/> 900 mg IVPB
Levofloxacin (Levaquin)	<input type="checkbox"/> 500 mg IVPB	<input type="checkbox"/> 750 mg IVPB
Metronidazole (Flagyl)	<input type="checkbox"/> 500 mg IVPB	<input type="checkbox"/> 1000 mg IVPB
Vancomycin	<input type="checkbox"/> 1 gram IVPB	<input type="checkbox"/> _____ grams IVPB (15 mg/kg up to max of 2 grams)
Other: _____		

On-Q PainBuster : Bupivacaine 0.25 % 0.5% 2 ml/hr 4 ml/hr 5 ml/hr
 2.5" catheter single 2.5" catheter dual 100ml bulb
 5" catheter single 5" catheter dual 270 ml bulb
 7.5" catheter single 7.5" catheter dual 400 ml bulb
 10" catheter single 10" catheter dual

Nitroglycerin 10 mg / Verapamil 10 mg in 1000 ml 0.9 Normal Saline for irrigation

Physician's Signature _____ Date _____
 UVMCSurgOrd GEN 02/12