

McLaren Print System Order

Order No: 5897
Order Date: 2014-09-19
User: McLaren BC
Phone: floor

Ship Location:

Forms
Quantity: 2500
Paragon Dept No: 1122
Dept Name: Already printed
Company Number: 810

Order Total Price: 81.75

Form Number: M-1708-249
Form Description: Gynecology Pre-Operative Admission Orders
Revision Date: 5/14/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 3 Hole Top

McLaren Print
GYNECOLOGY
PRE-OPERATIVE ADMISSION ORDERS
PATIENT IDENTIFICATION
1. DETAILS INFORMED CONSENT FOR:
2. Follow Readiness Protocol for pre-operative evaluation and labs.
3. Apply Intermittent Pneumatic Compression Device (PIC)
4. Urine Pregnancy Test - Contact Surgeon if pregnancy test is positive
5. Serum Pregnancy Test - Contact Surgeon if pregnancy test is positive
6. MEDICATIONS: Administer if not allergic
Preoperative Medications:
Enoxaparin (CIVICAN) 30mg
OR
Cefazolin (KEFZOL) 1 gm IVPB - Administer within 1 hour of surgery start time
OR
Cefazolin (KEFZOL) 1 gm IVPB - Administer within 1 hour of surgery start time
Enoxaparin (CIVICAN) 30mg
OR
Cefazolin (CIVICAN) 2 gm IVPB - Administer within 1 hour of surgery start time
OR
Cefazolin (KEFZOL) 2 gm IVPB - Administer within 1 hour of surgery start time
ONLY if life-threatening angioedema or anaphylaxis to cephalosporins or penicillins,
SEE SCIP COMPLIANT COMBINATION CHOICES BELOW:
Ondansetron (ZUSUNO) 800 mg IVPB - Administer within 1 hour of the surgery start time AND
Gentamicin 2 mg /kg IVPB - Administer within 1 hour of the surgery start time.
OR
Ondansetron (ZUSUNO) 800 mg IVPB - Administer within 1 hour of the surgery start time AND
Ciprofloxacin (CIPRO) 400mg IVPB - Administer within 1 hour of the surgery start time.
OR
Metronidazole (FLAGYL) 500 mg IVPB - Administer within 1 hour of surgery start time AND
Gentamicin 2 mg /kg IVPB - Administer within 1 hour of the surgery start time.
OR
Metronidazole (FLAGYL) 500 mg IVPB - Administer within 1 hour of surgery start time AND
Ciprofloxacin (CIPRO) 400mg IVPB - Administer within 1 hour of the surgery start time.
Pain Control:
Prepare for post op use of On-Q Pain Pump per QRS Protocol
I. Other:
Physician Signature Date required Time required
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Revised 5/14/14
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PHYSICIAN ORDERS AND
INSTRUCTIONS TO NURSE