

WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
 DO NOT USE ABBREVIATIONS**

| DOCTORS ORDERS | CHECK OFF/ INITIALS |
|---|--------------------------------|
| PREOPERATIVE CARDIOVASCULAR AND THORACIC – DR's. Nelson/Deb | |
| Surgery Date: _____ Time: _____ Surgeon: _____ | |
| Consent, clip and prep for: _____ | |
| <input type="checkbox"/> Thoracotomy – Left/Right (anterior/posterior chest and axillary area) from chin to umbilicus | |
| <input type="checkbox"/> Abdominal Aortic Aneurysm – Nipple line to knees | |
| <input type="checkbox"/> Carotid Endarterectomy – Left/Right side from ear lobe to clavicle | |
| <input type="checkbox"/> Aortofemoral or Cross Femoral Bypass – Nipple line to knees | |
| <input type="checkbox"/> Mediastinoscopy – Anterior chest to xiphoid | |
| <input type="checkbox"/> Pericardial Window – Anterior chest to umbilicus | |
| <input type="checkbox"/> Pacemaker-anterior chest to nipple line and both axillae | |
| <input type="checkbox"/> VATS (R or L) (Video assisted thoracic surgery) Left/Right (anterior/posterior chest and axillary area) from chin to umbilicus | |
| <input type="checkbox"/> Laparoscopy - Nipple line to knees | |
| <input type="checkbox"/> Laparotomy - Nipple line to knees | |
| <input type="checkbox"/> Ivor Lewis Esophagectomy – Right chest, abdomen. | |
| <input type="checkbox"/> Transhiatal or McKeown Esophagectomy – Right chest, abdomen, left neck, sternum, left chest | |
| <input type="checkbox"/> Thoraco Abdominal Procedure – Left or right chest and abdomen to knees | |
| <input type="checkbox"/> Sternotomy | |
| <input type="checkbox"/> Tracheal resection – anterior neck from chin to ears and sternum | |
| <input type="checkbox"/> | |
| Labs: <input type="checkbox"/> PT <input type="checkbox"/> APTT <input type="checkbox"/> CBC <input type="checkbox"/> BMP or <input type="checkbox"/> CMP <input type="checkbox"/> Clean Catch UA only <input type="checkbox"/> ABG <input type="checkbox"/> RA ABG for thoracic cases | |
| Albumin & LFT's for esophageal surgery | |
| Call Surgeon/PA if: WBC>10.8, Hgb<10, Hct<30, Plt<150,000, K+<4 or >5, Creatinine >1.1, PT>12.1, INR>1.2 or UA: if + Bacteria, RBC>5 or WBC>5, OR in patient who is not on Heparin: APTT>35 | |
| Type and crossmatch for _____ units leukoreduced PRBC, , _____ leukoreduced platelet pheresis _____ units FFP, _____ bags Cryo | |
| <input type="checkbox"/> Type and screen only | |
| <input type="checkbox"/> Chest X-ray PA <input type="checkbox"/> Lateral (if not done within 1 week) <input type="checkbox"/> ECHO with Bilateral colorflow and Doppler <input type="checkbox"/> Bilateral Carotid Ultrasounds <input type="checkbox"/> CT Chest without contrast | |
| <input type="checkbox"/> Pulmonary Function Test if not completed in the last 3 months (If Pneumonectomy, request DLCO) | |
| Diet: Continue home diet the night before surgery; Nothing by mouth after midnight, if GI Surgery, Liquids 24 hours prior to nothing by mouth. | |
| Bowel prep for Abdominal Aortic Aneurysm/Aorto-Femoral Bypass/Esophageal Surgery | |
| <input type="checkbox"/> Bisacodyl (Dulcolax®)10 mg suppository <input type="checkbox"/> Fleet® Enema: at BEDTIME day before surgery and a.m. of surgery | |
| Physician/Date/Time: _____ | |

| DOCTORS ORDERS | CHECK OFF/ INITIALS |
|--|--------------------------------|
| PREOPERATIVE CARDIOVASCULAR AND THORACIC – DR's. Nelson/Deb | |
| <input type="checkbox"/> Diet: Low Residue Lunch, Full Liquid Supper | |
| <input type="checkbox"/> Fleet® Phospho-Soda 30 mL by mouth on afternoon before surgery | |
| <input type="checkbox"/> Bisacodyl (Dulcolax®) 10 mg suppository per rectum at 0500 hours on day prior to surgery. | |
| All the following films within one year: <input type="checkbox"/> X-rays <input type="checkbox"/> Angios <input type="checkbox"/> CT scans <input type="checkbox"/> Other studies as listed | |
| Procedures completed at other facilities <input type="checkbox"/> Yes <input type="checkbox"/> No Did patient bring films from that facility? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Send ALL FILMS and REPORTS to Operating Room (if unable to locate the above films and reports call Surgeon) | |
| Completed H&P on chart within prior 30 days | |
| Record routine Vital Signs with Dorsalis Pedis and Posterior Tibial pulses; Record actual scale height and weight in pounds | |
| Measure blood pressure in both arms and record | |
| Pre-op Incentive Spirometer Teaching (by RN or Respiratory Therapist) | |
| Bilateral sequential compression stockings (only on Thoracic patients) to Operating Room | |
| Medical Photography for Pectus Patients to Operating Room. | |
| MEDS | |
| <input type="checkbox"/> Subcutaneous unfractionated Heparin (UH) 5000 units to Operating Room to be given after placement of Epidural or upon arrival to Operating Room by Operating Room nurse if no Epidural. (To be confirmed at surgical time out). | |
| <input type="checkbox"/> Pre-op Pantoprazole Sodium (Protonix®) 40 mg Intravenous on-call to Operating Room (Esophageal Procedures) | |
| Antibiotic Prophylaxis: Send to surgery with patient | |
| <input type="checkbox"/> Cefazolin (Ancef®) 2 Gram Intravenous piggy back unless allergic to Penicillin; then Vancomycin (Vancocin®) 1 Gram Intravenous piggy back | |
| <input type="checkbox"/> Continue current antibiotics to Operating Room | |
| <input type="checkbox"/> Other _____ | |
| In pre-op holding, start saline lock with #16 gauge needle and flush with 0.9% Sodium Chloride. Use local anesthetic unless contraindicated | |
| Temazepam (Restoril®) 15 mg by mouth at bedtime as needed for sleep. May repeat times one. | |
| <input type="checkbox"/> Identify Home Meds and list on separate sheet | |
| Discontinue Enteric coated Aspirin (Ecotrin®), Warfarin (Coumadin®), Ticlopidine (Ticlid®), Clopidogrel (Plavix®) or any antiplatelet medication (5 to 7 days prior to surgery) | |
| Notify Surgeon/PA if patient is on Warfarin (Coumadin®) (Discontinue 4 days prior to surgery) | |
| Surgical shower/scrub after shave tonight and in AM with antibacterial soap | |
| Remove all jewelry, dentures, hearing aids, glasses, etc. prior to surgery and give to family/significant other. Do not tape rings to fingers | |
| CONSULTS: | |

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|-----------------------------|-------------------------|-----------------------------|
| Physician/Date/Time: | Nurse/Date/Time: | Secretary/Date/Time: |
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Original: 9/08; 2/09

Reviewed: 10/09

Fax to Pharmacy

Form # 2.2-002