

All  must be checked to initiate order. If order not indicated draw a line through it.

**Hospital status:**

<b>1. Admit as Inpatient (Check box):</b> <input type="checkbox"/> Inpatient Medical/Surgical <input type="checkbox"/> Inpatient ICU <input type="checkbox"/> Inpatient Labor and Delivery	<b>-OR-</b> <input type="checkbox"/> Outpatient with Bed
<b>2. For (Check rationale):</b> <input type="checkbox"/> The Patient's severity of illness and the complexity of his/her treatment plan is expected to require a minimum of two (2) midnights of inpatient care that can only be provided in a hospital setting. <b>-OR-</b> <input type="checkbox"/> The patient is admitted for an "inpatient only" surgical procedure or for a surgery that has been pre-approved by the patient's insurance company for surgery in the inpatient setting.	<b>-OR-</b> <input type="checkbox"/> <b>Outpatient / Observation Services</b> (The patient requires short-term treatment, assessment, and reassessment to determine the need for inpatient admission)
<b>Co-morbidities:</b>	
<b>Risks requiring inpatient stay:</b>	
<b>Treatment only available in a hospital setting:</b>	
<b>3. Inpatient hospitalization necessary related to (required):</b>	
Admit to (provider):	
Diagnosis:	
Operation:	
Code Status:	
Allergies:	
1.	Review planned operation with patient, notify surgeon of any questions nursing staff cannot answer. Place <b>signed</b> and <b>witnessed</b> patient <b>consent form</b> in chart.
2.	<b>Notify primary care physician</b> , Dr. _____, of patient's admission and planned surgery.
3.	<b>Diet:</b> NPO 8 hours pre-op
4.	<b>Vital signs:</b> Every 4 hours or :
5.	<b>Neuro:</b> Record neurovascular status of involved extremity every 4 hours. Notify physician prn deterioration.
6.	<b>PT &amp; OT:</b> Pre-op instruction of joint replacement and spine surgery patients
7.	<b>Lab:</b> Place pre-op lab data in chart. If no pre-op lab: <ul style="list-style-type: none"> <li>• Patients with Foley: cath specimen for UA</li> <li>• Hemogram All patients age 40 and over All patients any age having hip, spine, or joint replacement surgery</li> <li>• K+ All patients age 50 and over having hip, spine, or joint replacement surgery All patients any age on diuretics</li> <li>• EKG All patients age 50 and over having hip, spine, or joint replacement surgery</li> <li>• PT/INR All patients on Coumadin</li> </ul> Other:
8.	<b>X-ray:</b>
9.	<b>Activity:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Up ad lib</li> <li><input type="checkbox"/> Bed rest, position of comfort with injured extremity level with heart. Cold pack prn.</li> <li><input type="checkbox"/> Bed rest with 5 lbs of Buck's traction to affected leg and flotation pad under heel</li> <li><input type="checkbox"/> Other:</li> </ul>
10.	<b>1. Nursing</b> All hip surgery patients: 2-way Foley catheter Do on all elective surgery patients <ul style="list-style-type: none"> <li>• Chlorhexidine (Hibiclens) or (if allergic) use Betadine, sponge to operative site</li> <li>• Assess skin at operative site and notify physician if any problems</li> <li>• Trim short all nails of affected extremity</li> </ul>

	<input type="checkbox"/> Chlorahexadine bath on evening prior to or day of surgery (if not allergic) <input type="checkbox"/> SCD's <input type="checkbox"/> Bilateral knee highs/Ted hose <input type="checkbox"/> Clip hair in surgery area Other: _____
11.	<b>IV: LR at 75 ml/hour continuously, or:</b>
12.	<b>Medications:</b> do not inject involved extremity. Modify according to allergy profile: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cefazolin 1gram IV on call to OR if less than 80 kg (60 minutes prior to incision)</li> <li><input type="checkbox"/> Cefazolin 2 grams IV on call to OR if greater than or equal to 80 kg (60 minutes prior to incision)</li> <li><input type="checkbox"/> Cefazolin 3 grams IV on call to OR if greater than or equal to 120 kg (60 minutes prior to incision)</li> <li><input type="checkbox"/> Vancomycin 1000 mg IV over 1 hour, begin 60-120 minutes prior to incision             <ul style="list-style-type: none"> <li>o Reason for Vancomycin: _____</li> </ul> </li> <li><input type="checkbox"/> Gentamicin 200 mg in 100 mL D5W IV over 1 hour, begin 60 minutes prior to incision</li> <li><input type="checkbox"/> Tranexamic Acid 1 gram in 100 mL Normal Saline IV over 20 minutes after pre-operative antibiotics. Have second dose ready for administration in the OR.</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Beta Blocker: If patient currently is taking Beta Blocker at home, and has not taken a dose day of Surgery, give: _____ (usual dose of beta blocker)</li> </ul> Narcotic: _____  <input type="checkbox"/> Hydroxyzine 25 mg IM or PO every 4 hours prn for spasm, agitation, nausea, or vomiting <input type="checkbox"/> Diphenhydramine 25-50 mg IV push every 6 hours prn erythema, urticaria and/or pruritis
	If patient not NPO: <ul style="list-style-type: none"> <li><input type="checkbox"/> Aluminum/magnesium hydroxide 30 mL PO QID prn indigestion</li> <li><input type="checkbox"/> Diphenhydramine 50 mg PO every HS prn sleep, may repeat x 1, <b>or</b></li> <li><input type="checkbox"/> Zolpidem (Ambien) 5mg PO every HS PRN sleep, may repeat x 1</li> <li><input type="checkbox"/> Acetaminophen 325 - 650 mg PO every 3 hours prn headache or minor pain, <b>or</b></li> <li><input type="checkbox"/> Hydrocodone 5mg / Acetaminophen 325 mg 1 - 2 tabs PO every 3 hours prn headache/minor pain</li> <li><input type="checkbox"/> MOM 30 mL PO every HS prn constipation</li> <li><input type="checkbox"/> Dulcolax 10 mg suppository or Fleets enema prn constipation</li> </ul>

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 Healthcare Provider Signature

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 Date/Time