

**BAYLOR SCOTT & WHITE HEALTH  
PRE-OP AND DAY OF SURGERY ORDERS**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Preferred Contact Number \_\_\_\_\_ Surgeon's Name \_\_\_\_\_  
Allergies \_\_\_\_\_ Date of Surgery \_\_\_\_\_  
Surgical Diagnosis \_\_\_\_\_  
Surgery to Be Performed \_\_\_\_\_ CPT Code(s) \_\_\_\_\_

Anesthesia:  Anesthesia of Choice  General  MAC

Initiate anesthesia pre-op management guidelines

(No Admit order required for Day Surgery/Outpatients that will **NOT** be spending the night in the hospital)

Admit status:  Inpatient  Place on Observation  Outpatient in a Bed

Service \_\_\_\_\_

Bed type:  Non-telemetry  Telemetry

Location:  Med/Surg  Tele Unit  ICU  PCU/Intermediate Care

Provider Care Team \_\_\_\_\_

Admitting Physician \_\_\_\_\_

Admitting Physician same as surgeon

Attending Physician \_\_\_\_\_

Attending Physician same as surgeon

**VTE Prophylaxis:**

**Mechanical Prophylaxis**  Mechanical Prophylaxis Contraindicated

SCDs  TEDs  Pedal pneumatic compression device

**Pharmacological Prophylaxis**

Heparin 5000 U SQ once

Lovenox 40 mg SQ once

Lovenox 30 mg SQ once

No pre-surgical pharmacological prophylaxis indicated

**Required for Pre-Admit Testing Patients:**

Pertinent past medical/surgical diagnosis for association to labs, EKG and imaging procedures.

- **Diagnosis** \_\_\_\_\_
- **Diagnosis** \_\_\_\_\_
- **Diagnosis** \_\_\_\_\_
- **Diagnosis** \_\_\_\_\_

Physician Signature \_\_\_\_\_ Provider# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Legend:** **BMP** = basic metabolic profile, **CBC** = complete blood count, **CMP** = comprehensive metabolic panel, **CXR** = chest x-ray, **Diff** = differential, **DOB** = date of birth, **EKG** = electrocardiogram, **FFP** = fresh frozen plasma, **gm** = gram, **Hcg** = human chorionic gonadotropin, **hr** = hour, **INR** = international normalized ratio, **IV** = intravenous, **kg** = kilogram, **LR** = lactated ringer, **MAC** = monitored anesthesia care, **mg** = milligram, **ml** = milliliter, **NPO** = nothing by mouth, **NS** = normal saline, **OR** = operating room, **PCP** = primary care physician, **PFA** = platelet function analysis, **PO** = by mouth, **POC** = Point of Care, **PRN** = as needed, **PT** = prothrombin time, **PTT** = partial thromboplastin time, **RBC** = red blood cell, **SCDs** = sequential compression device, **SED Rate** = sedimentation rate, **SQ** = subcutaneous, **TEDs** = thromboembolic disease stockings, **U** = units, **UA** = urinalysis, **W/** = with

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BSWH-59705 (Rev. 04/24)

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## BAYLOR SCOTT & WHITE HEALTH PRE-OP AND DAY OF SURGERY ORDERS

### Pre-Admit Testing

- |   |  |
|---|--|
| <input type="checkbox"/> CBC                                  | <input type="checkbox"/> PT/INR        |
| <input type="checkbox"/> BMP                                  | <input type="checkbox"/> Potassium     |
| <input type="checkbox"/> CMP                                  | <input type="checkbox"/> Type & Screen |
| Pregnancy test  | <input type="checkbox"/> Type & Cross  |
| <input type="checkbox"/> Urine <input type="checkbox"/> Serum | Number of Units: _____                 |
| <input type="checkbox"/> CXR (2 view)                         | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> EKG                                  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Pre-procedural COVID-19 Testing      |  |

### Day of Surgery

- |   |  |
|---|--|
| <input type="checkbox"/> CBC                                  | <input type="checkbox"/> PT/INR        |
| <input type="checkbox"/> BMP                                  | <input type="checkbox"/> Potassium     |
| <input type="checkbox"/> CMP                                  | <input type="checkbox"/> Type & Screen |
| Pregnancy test  | <input type="checkbox"/> Type & Cross  |
| <input type="checkbox"/> Urine <input type="checkbox"/> Serum | Number of Units: _____                 |
| <input type="checkbox"/> CXR (2 view)                         | <input type="checkbox"/> POC Glucose   |
| <input type="checkbox"/> EKG                                  | <input type="checkbox"/> Other _____   |

### Pre-op Analgesics

- Tylenol 1000 mg PO once
- Celebrex \_\_\_\_\_ mg PO once
- Neurontin \_\_\_\_\_ mg PO once

### IV Fluids

- LR 1000 ml @ 30 ml/hr
- NS 1000 ml @ 30 ml/hr
- \_\_\_\_\_

### Other

- lidocaine injection 1% intradermal 0.2 ml once PRN for IV insertion
- \_\_\_\_\_
- \_\_\_\_\_

### Nursing Interventions

- Line- Insert Peripheral IV (may use lidocaine intradermal)
- Void on call to OR
- Normothermia – Apply forced-air warming blanket

### Other

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Pre-op Antibiotics

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cefazolin 2 gm IV   | <input type="checkbox"/> Ampicillin Sulbactam 3 gm IV | <input type="checkbox"/> Clindamycin 900 mg IV  |
| <input type="checkbox"/> Cefazolin 3 gm IV   | <input type="checkbox"/> Levofloxacin 500 mg IV       | <input type="checkbox"/> Vancomycin 15 mg/kg IV |
| <input type="checkbox"/> Cefoxitin 2 gm IV   | <input type="checkbox"/> Ciprofloxacin 400 mg IV      | <input type="checkbox"/> Gentamicin 5 mg/kg IV  |
| <input type="checkbox"/> Ceftriaxone 2 gm IV | <input type="checkbox"/> Metronidazole 500 mg IV      | <input type="checkbox"/> Other _____            |

### Referrals

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Physician Signature \_\_\_\_\_ Provider# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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