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 _____

□ Local or Physician directed sedation

Latex Allergy □ yes □ no

Allergies & Reactions: _______________________________________________________________________________________

Diagnostic Testing: Diagnostic Testing ordered in EPIC □

□ CBC □ Hepatic Panel □ EKG □ Crutch Training

□ BMP □ CMP □ CXR □ Sentinel Node Injection

□ PT □ Needle Loc

□ aPTT □ Type and Screen □ Culture Single Organism- MRSA nasal swab

□ Type and Cross Match (complete Blood Product Form) □ Other:

□ Pregnancy Test □ Other:

DAY OF SURGERY ORDERS

□ Urine Pregnancy day of surgery □ aPTT

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 Suggested Dose for Patient wt Greater than 75 KG Patient wt 75 KG or less

Ampicillin/Sublactam (Unasyn) □ 3 grams IVPB □ 3 grams IVPB

Cefazolin (Ancef, Kefzol) □ 1 gram IVPB □ 2 grams IVPB

Cefotetan □ 1 gram IVPB □ 2 grams IVPB

Cefuroxime (Zinacef) □ 1.5 grams IVPB □ 1.5 grams IVPB

Clindamycin □ 600 mg IVPB □ 900 mg IVPB

Levofloxacin (Levaquin) □ 500 mg IVPB □ 750 mg IVPB

Metronidazole (Flagyl) □ 500 mg IVPB □ 1000 mg IVPB

Vancomycin □ 1 gram IVPB □ _____ 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