

## Pre Procedure Physician Orders – Cardiothoracic/Vascular ESR

Authorization is given to dispense the generic equivalent

### Patient Status:

- ☐ Admit to Inpatient Status: \_\_\_\_\_ (medical reason).  
☐ Place patient in Outpatient Status: \_\_\_\_\_ (medical reason).  
☐ Place patient in Outpatient Status and begin observation services: \_\_\_\_\_ (medical reason).

Location: \_\_\_\_\_ Assign to Physician: \_\_\_\_\_

- ☐ I certify that the ordered level of care is based on Medical Necessity as documented within this medical record. 42 CFR Section 456.60 – Certification/Recertification.

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Consent for: \_\_\_\_\_

Medical Evaluation by Dr. \_\_\_\_\_

Labs/Dx tests are available at \_\_\_\_\_ office.

### Pre-Admission Visit:

- ☐ CBC ☐ BMP ☐ PT ☐ PTT ☐ UA reflex ☐ EKG ☐ CXR  
☐ Type and Screen ☐ Type and X-match for \_\_\_\_\_ Units. ☐ Autologous Units \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☒ Active Surveillance screen for MRSA/MSSA colonization for dialysis patients, nursing home or other healthcare facility patients, incarcerated patients, or history of open wound patients.  
☒ The patient will be given instructions for a. "Pre-surgical Home Scrub" with chlorhexidine; b. Pre-surgical carbohydrate-rich beverage intake; c. If Surveillance screening is positive, Mupirocin nasal ointment.  
☒ No solid food after midnight. Clear liquid diet up to 2 hours prior to surgery.  
☒ If patient is on Beta Blockers, instruct the patient to take the morning of surgery with a sip of water.

### Day of Procedure:

IF the patient has not taken their beta blocker within the last 24 hours, then administer:

(Drug/Dose/Route of Administration) \_\_\_\_\_

IV: ☐ LR at KVO ☐ Normal Saline at KVO ☐ IVF \_\_\_\_\_ at \_\_\_\_\_ ml/hr.

### VTE Prophylaxis:

- ☐ Intermittent pneumatic compression devices (SCD'S)  
☐ Graduated compression stockings  
☐ Lovenox 40 mg subcutaneous x 1 dose 60 minutes prior to procedure  
☐ Lovenox 30 mg subcutaneous x 1 dose 60 minutes prior to procedure  
☒ Bear Paws Warmer

\*Physician Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_ \*Time: \_\_\_\_\_

\*Physician Name (BLOCK LETTERS): \_\_\_\_\_

\*Patient Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Required Information

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CARDIOTHORACIC/VASCULAR ESR



PATIENT LABEL

**If MRSA screen is positive:**

- Other:**

- ## Antibiotic Prophylaxis

- ### Alternative Therapies/Beta Lactam Allergy

- ☐ **Equipment, Monitoring** \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

\*Physician Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_ \*Time: \_\_\_\_\_

\*Physician Name (BLOCK LETTERS): \_\_\_\_\_

\*Patient Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_

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PATIENT LABEL