

Pre-Procedure Physician Orders – Gynecological 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.

CPT Codes: _____

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. One evening before surgery; one 2 hours prior to arrival to hospital day of surgery.
☒ Clear liquid diet up to 2 hours prior to arrival to hospital. NO SOLID FOOD AFTER MIDNIGHT.

Day of Procedure:

- IV:** ☐ LR at 100mL/hr.
☐ NS at 100mL/hr.

VTE Prophylaxis:

- ☐ Intermittent pneumatic compression devices (SCD'S)
☐ Graduated compression stockings
☐ Heparin 5,000 units subcutaneous x 1 pre-operative
☐ Heparin contraindicated due to _____

***Physician Signature:** _____ ***Date:** _____ ***Time:** _____

***Physician Name (BLOCK LETTERS):** _____

***Patient Name:** _____ ***DOB:** _____

***Required Information**



PRE-PROCEDURE PHYSICIAN ORDERS GYNECOLOGICAL ESR



If MRSA screen is positive:

- ☒ Place patient on contact precautions.
- ☒ Mupirocin nasal ointment apply in each nare twice a day for 5 days.
- ☒ Vancomycin 15 mg/kg (rounded to the nearest 250 mg) IVPB within 120 minutes of incision.

Antibiotic Prophylaxis

- ☐ Cefazolin (Ancef/Kefzol) Weight less than 120 kg: 2 gram IVPB within 60 minutes of incision.
 Weight of 120 kg or greater: 3 grams IVPB within 60 minutes of incision.
- ☐ Ceftiofur (Mefoxin) 2 gm IVPB within 60 minutes of incision.
- ☐ Ampicillin-sulbactam 3 gm IVPB within 60 minutes of incision.

If Beta Lactam Allergy: order both Clindamycin and one dose of Gentamicin

- ☐ Clindamycin 900mg IVPB within 60 minutes of incision.
- ☐ Gentamicin 5 mg/kg IVPB within 60 minutes of incision.
- ☐ Gentamicin _____ IVPB within 60 minutes of incision.

Other:

- ☐ Acetaminophen 975 mg po with sips of water in pre-op holding
- ☐ Celecoxib (Celebrex) 200 mg po with sips of water in pre-op holding
- ☐ Gabapentin 100 mg po with sips of water in pre-op holding

- ☐ Other _____

- ☐ Equipment, Monitoring _____

- ☐ _____

- ☐ _____

*Physician Signature: _____ *Date: _____ *Time: _____

*Physician Name (BLOCK LETTERS): _____

*Patient Name: _____ *DOB: _____

* = Required Information

