

DAY OF SURGERY WEIGHT: _____ kg

1. **ALLERGIES/REACTIONS:** _____

2. ☐ **Outpatient Surgery/Procedure**
3. **DIAGNOSIS:** _____
4. **PROCEDURE:** _____

5. **CONSENT:**
☐ Hospital consent form completed and signed in physician's office. Please place on chart.
☐ Verify informed consent by completing hospital consent form to read as above for Procedure
6. **NUTRITION:**
☒ NPO
7. **DIAGNOSTICS:**
☐ CBC ☐ HCT ☐ CMP ☐ BMP ☐ Electrolytes ☐ PT/INR ☐ PTT
☐ UA R (Urinalysis with culture if indicated)
☐ X-ray: _____
☒ Serum/urine HCG per Protocol
☒ MRSA PCR Screen and contact precautions, if indicated, per MRSA Screening Protocol
☒ Culture suspected infection per Protocol
 Other: _____
8. **IV FLUIDS:**
☐ IV per Anesthesia
☐ IV: _____ at _____ ml/hour
9. **MEDICATIONS:**
☒ Complete Medication Reconciliation
☐ Dexamethasone (Decadron) 4 mg IV preoperatively (if weight less than 15 kg give 2 mg)
Preoperative Antibiotic Prophylaxis:
☐ Cefazolin (Ancef) _____ mg IV within 60 minutes of incision (25 mg/kg/dose; maximum 1 g)
IF PCN ALLERGIC:
☐ Cefuroxime (Zinacef) _____ mg IV within 60 minutes of incision (25 mg/kg/dose; maximum 1 g)
 Other Medications: _____

10. **SPECIAL INSTRUCTIONS:** _____

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

DATE	TIME	PHYSICIAN'S SIGNATURE
Another brand of drug, identical in form and content, may be dispensed unless checked. <input type="checkbox"/>		



† CATHOLIC HEALTH INITIATIVES

Franciscan Health System

St. Joseph Medical Center, Tacoma, WA
 St. Francis Hospital, Federal Way, WA
 St. Clare Hospital, Lakewood, WA
 St. Elizabeth Hospital, Enumclaw, WA
 St. Anthony Hospital, Gig Harbor, WA

PATIENT INFORMATION