



PHYSICIAN'S ORDERS

DATE	HOUR	ROUTINE PreOp KNEE ORDERS The Orthopaedic Group
		<p>(Please do checked items)</p> <p>1. <input type="checkbox"/> Inpatient; Call room number to office</p> <p>2. Procedure: _____</p> <p>3. Allergies: _____</p> <p>4. <input type="checkbox"/> Diet: _____</p> <p>5. Routine Lab:</p> <p style="margin-left: 20px;"><input type="checkbox"/> CBC</p> <p style="margin-left: 20px;"><input type="checkbox"/> U/A (midstream, clean catch)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Basic Metabolic</p> <p style="margin-left: 20px;"><input type="checkbox"/> Comprehensive Metabolic</p> <p style="margin-left: 20px;"><input type="checkbox"/> PTT, INR</p> <p>6. <input type="checkbox"/> Type and Screen</p> <p style="margin-left: 20px;"><input type="checkbox"/> Autologous blood is available</p> <p>7. <input type="checkbox"/> Sedimentation rate</p> <p>8. Radiology</p> <p style="margin-left: 20px;"><input type="checkbox"/> Knee X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Chest X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Knee X-Ray will be sent from office</p> <p>9. <input type="checkbox"/> Electrocardiogram</p> <p>10. Consult Dr. _____ on admission</p> <p>11. <input type="checkbox"/> NPO after midnight</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pre-op per anesthesia</p> <p>12. <input type="checkbox"/> TED hose <input type="checkbox"/> Thigh length <input type="checkbox"/> Knee length</p> <p>13. Call 476-5050 for any problems</p> <div style="text-align: right; margin-top: 20px;"> <p>_____</p> <p style="margin-left: 100px;">RN or PA Signature</p> </div> <div style="text-align: right; margin-top: 10px;"> <p>_____</p> <p style="margin-left: 100px;">Date</p> </div> <div style="text-align: right; margin-top: 10px;"> <p>_____</p> <p style="margin-left: 100px;">Time</p> </div> <div style="text-align: right; margin-top: 20px;"> <p>_____</p> <p style="margin-left: 100px;">Physician's Signature</p> </div> <div style="text-align: right; margin-top: 10px;"> <p>_____</p> <p style="margin-left: 100px;">Date</p> </div> <div style="text-align: right; margin-top: 10px;"> <p>_____</p> <p style="margin-left: 100px;">Time</p> </div>
		<p>Developed: November 2009 Revised: March 2010</p>