

Pre-Operative/Surgery Orders

Patient Name: _____ Phone: _____ DOB: _____

Pediatrician Requested: _____

Scheduled Procedure (Consent for)	Date	Time _____ am/pm	Patient instructed to arrive at: _____ am/pm
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PART I: PRE-OP ORDERS

- Height _____ Weight _____ History and Physical: Date Dictated Attached
- NPO Past Midnight
- All lab testing per SFMC PAT clinic guidelines and/or any of the following:
- Laboratory to be drawn at: UniLab SFMC Other _____
- CBC PT (if on Coumadin) /PTT If taking anticoagulant _____
- UA BHCG, serum
- Type and Screen Type and Cross _____ units of PRBC Platelet
- Basic Metabolic Panel Comprehensive Metabolic Panel K + DOS Other _____
- Other _____
- X-Ray: Chest-PA/Lateral Pos PPD: Chest 1 View Other _____
- EKG: Yes No Indication for Exam _____

PART II: ORDERS

- IV Fluids _____ Rate _____ ml/hr NKDA
- Allergy: _____
- Pre-Op Antibiotics Yes No Medication _____
- Medical Clearance / Consult with _____ Date Contacted _____
- Obtain Consent Bicitra 30ml PO NST
- Additional Orders:
- COVID-19 (within 7 days of surgery): _____ _____
- Physician's Signature: _____ Date: _____ Time: _____
- Nurse's Signature: _____ Date: _____ Time: _____

Patient Identification