



PHYSICIAN'S PRE-OP ORDERS

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ALLERGIES (on admission / 1st orders only):

DATE ORDERED	TIME	
		(Do items that are checked please)
		<input type="checkbox"/> <u>LABS PER ANESTHESIOLOGIST</u>
		<u>OTHER LABS:</u> Please make sure these are done:
		<input type="checkbox"/> CBC (cpt: 85025)
		<input type="checkbox"/> SMA-7 (BMP) (cpt: 90048)
		<input type="checkbox"/> Urinalysis (cpt: 81003)
		<input type="checkbox"/> EKG (cpt: 93005)
		<input type="checkbox"/> Type & Screen (cpt: 86900)
		<input type="checkbox"/> Fingerstick Glucose (Accucheck) on call to OR
		<input type="checkbox"/> Please send high nasal swap from both nostrils and send for culture for MRSA Notify physician if positive for MRSA (at 404-294-4111)
		<u>PREOP AT HOSPITAL:</u>
		NPO (Applies to all patients)
		<input type="checkbox"/> Zofran 4 mg IM/IV on call to OR
		ANTIBIOTICS:
		<input type="checkbox"/> Ancef 1 Gm IVPB on call to OR
		<small>NOTE: Pharmacist: Please <u>Do Not Call</u> If Penicillin Allergy and Cephalosporin is Ordered. This will be resolved in the O.R.</small>
		<input type="checkbox"/> Gentamycin 300 Mg IVPB on call to OR
		<input type="checkbox"/> Vancomycin 500 Mg IVPB on call to OR
		<input type="checkbox"/> TED STOCKINGS BILATERALLY (FOR ALL TOTAL JOINT PATIENTS)
		<input type="checkbox"/> FOOT PUMPS (Kendall AVI) To go to OR with Patient (For All Total Joint Pts)
		Notify Patient's Primary Care Physician of Admission: DR. _____

Signed: _____
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