



**CYPRESS**  
Surgery Center

Patient Label

PRE & POST OP STANDING ORDERS

Patient Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please check all orders to be initiated on admission.

PRE-OP ORDERS

RN Initial    Time

Ancef 1 gram <80kg, 2GM >80kg IV; 3GM >120kg to be given in OR. If allergic to penicillin check with anesthesia.

\_\_\_\_\_

Pediatric patients: Ancef 25mg/kg IV, to be given in OR.

\_\_\_\_\_

Cefotetan 1 GM <80kg, 2GM >80kg IV, to be given in OR. If allergic to cephalosporins check with anesthesia.

\_\_\_\_\_

Other Antibiotic: \_\_\_\_\_

\_\_\_\_\_

Toradol 30mg IV x1 dose.

\_\_\_\_\_

Lovenox 30mcg subcutaneous

\_\_\_\_\_

Sequential Compression Device/SCD's. If not ordered all cases scheduled greater than 45 minutes, or patients with a DVT risk factor assessment of 3 or above; SCD's will be initiated per protocol. Apply compression sleeves in pre-op. Initiate compression in OR.

\_\_\_\_\_

HGB on admission.

\_\_\_\_\_

Void prior to OR.

\_\_\_\_\_

Clip operative site.

\_\_\_\_\_

See attached orders.

\_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

POST OPERATIVE ORDERS

Remove cottonoid packing in PACU.

\_\_\_\_\_

PTH in PACU.

\_\_\_\_\_

HGB in PACU.

\_\_\_\_\_

Discontinue foley catheter in PACU when patient alert and oriented.

\_\_\_\_\_

Straight catheterize patient for residual urine, if residual urine is greater than \_\_\_\_\_ ml notify physician.

\_\_\_\_\_

Straight catheterize patient for residual urine, if residual urine is greater than \_\_\_\_\_ ml.

\_\_\_\_\_

OTHER INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

OTHER POST OP ORDERS:

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature                      Date

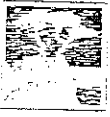
\_\_\_\_\_  
RN Signature / Initials / Date

\_\_\_\_\_  
RN Signature / Initials / Date

\_\_\_\_\_  
RN Signature / Initials / Date







CYPRESS  
Surgically Assisted

### PRE-OP CALL INSTRUCTIONS

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ STAFF: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX:  MALE  FEMALE HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BMI: \_\_\_\_\_

INSTRUCTIONS REVIEWED WITH:  PATIENT  OTHER \_\_\_\_\_

IF MINOR  BIOLOGICAL PARENT or  LEGAL GUARDIAN

IF ADULT  DPOA  LEGAL GUARDIAN

**(IF LEGAL GUARDIAN, MUST BRING PAPERWORK)**

Procedure Verified/ Patient Education

ALLERGIES TO MEDICATIONS \_\_\_\_\_

NPO

LATEX ALLERGY  YES  NO

URINE SPECIMEN

IF YES, LATEX HISTORY FORM COMPLETED

BRING INSURANCE CARDS AND PHOTO ID

HX. FALLS / Use of Mobility Device  YES  NO

GLASSES/CONTACTS

MRSA HX \_\_\_\_\_ \*If Yes - Hibiclens Inst. Given

DRESS COMFORTABLY

SLEEP APNEA  YES (C-PAP?)  NO

LEAVE VALUABLES AND JEWELRY AT HOME

MEDICATION REVIEW \_\_\_\_\_

DRIVER/PARENT/GUARDIAN

Peds: Parent/Guardian MUST Stay in Facility @ All Times

Adults: Driver/Family Also Do Not Leave Facility

Any General Anesthesia Pt - MUST Have Someone Stay first 24 hours. If patient states that they do not have anyone then surgeon's office notified \_\_\_\_\_

HEALTH HISTORY FORM COMPLETED

HERBS/DIET AIDS? \_\_\_\_\_

Received & Will Bring  Website Given

CONFIRM TIME OF ARRIVAL \_\_\_\_\_

CONFIRM RECEIPT AND VERBALLY DISCUSS GRIEVANCE POLICY, PT. RIGHTS & RESPONSIBILITIES, ADVANCED DIRECTIVES, HEALTH HISTORY, AND MEDICATION RECONCILIATION FORMS WITH PATIENT.

GRIEVANCE POLICY, PT. RIGHTS & RESPONSIBILITIES, ADVANCED DIRECTIVES AND LIST OF PHYSICIAN OWNERSHIP PROVIDED TO PATIENT PRIOR TO DATE OF SURGERY.

PERSONAL/FAMILY HX - Malignant Hyperthermia / Anesthesia Problems \_\_\_\_\_

ANESTHESIA NOTIFIED OF POSTIVE MEDICAL HISTORY  N/A  Cardiac  Respiratory  Other \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ DR. NOTIFIED \_\_\_\_\_

NPO Date \_\_\_\_\_  
 Ins. Card/Photo ID  
 Driver  Review Packet  
 Return Call Arrival Time \_\_\_\_\_  
Msg \_\_\_\_\_

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