Henry Medical Center

GYN PAS & Preoperative Orders ☐ STAT

PLEASE DO NOT USE THESE ABBREVIATIONS:
U, IU, Q.D., Q.O.D., MS, MSO4, MgSO4, A.S., A.D., A.U.
Never write a zero by itself after a decimal point (X mg),
And always use a zero before a decimal point (0.X mg)

ADMIT: □ Outpatient Surgery □ AMA H&P ☐Dictated ☐ Attached
Procedure:_____

MEDICATIONS:

1. Antibiotic Prophylaxis: Administer Pre-Op within 60 minutes before incision *

☐ Cefazolin (Ancef) 2 GM IV (Administer Pre-Op within 60 minutes before incision)

☐ **Clindamycin 900 MG IV** (Administer Pre-Op within 60 minutes before incision)**AND Levofloxacin 750 MG IV** if β Lactam Allergy (Infusion started within 2 hours of incision)

☐ Vancomycin 1 GM IV if MRSA colonization (Infusion started within 2 hours of incision)

Sub Acute Bacterial Endocarditis Prophylaxis:

☐ Ampicillin 2 GM IV and Gentamicin 80 MG IV (Administer Pre-Op within 60 minutes before incision)

☐ _____if beta-lactam allergy

OTHER Medications:_____

2. VTE Prophylaxis:

☐ Lovenox (Enoxaparin) 40 mg SUB-Q preop or ☐Heparin 5000 units Sub Q preop

☐ TED Stockings Thigh High_____ Knee High_____ ☑ SCD ☐ Foot Pumps

3. DIAGNOSTICS:

□ CBC □ CMP □ BMP □ PT/PTT orderset □ UA
□ Chest X-ray □ EKG □ Type and Screen _____ Units □ Autologous
□ Urine Pregnancy Test

□ Other Labs:_____

OTHER:

☐ Clip and Prep to _____

☐ Medical Assessment/Optimization to be done by : _____ ☐ Cardiac Assessment/Optimization to be done by _____

□ Read back and verify □ Telephone order

Nurse Signature: _____ DATE : TIME:

Physician Signature: DATE: TIME:

DATE	ALLERGIES (Food, drugs, etc.):	Type Reaction (signs and symptoms):	Height: Weight: Pregnant: Yes or No Breast Feeding Yes or No
			Pt. Label

If ☑ does not apply, mark through.