

Hospitalize as: ☐ Outpatient (SDS) ☒ Outpatient Ext.Stay Overnight < 24 hours ☐ Inpatient (AM Admit) Overnight > 24 hours ☐ Inpatient

Care of Dr. \_\_\_\_\_

Patient Name		Date of Procedure		Admit Date			
DOB	Home Phone	Work Phone	If patient is a minor, name a parent				
Surgeon		Assistant		Primary Care Physician			
Procedure							
Diagnosis			Discharge Planning Consults P.T.                      % WT bearing				
Co-morbidities <input type="checkbox"/> Hospitalist Pre-assessment Clinic <input type="checkbox"/> Medical Co-Management ordered <input type="checkbox"/> Anesthesia Consult ordered			Special Instructions				
	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Preop Visit with Surgeon		4666 Comp Metabolic Panel					
		165 Electrolytes					
Medical Eval by PCP		518 CBC w/diff					
		641 UA, C & S if indicated					
Notes		42 Type & Screen					
		24 Type & Cross _____ Units					
		24 Autologous Donation _____ Units					
		516 APTT – No Anticoagulant Therapy					
Surgical Consent		517 APTT –w/ Anticoagulant Therapy					
History & Physical		514 PT – No Anticoagulant Therapy					
Anesthesia Questionnaire		515 PT – w/ Anticoagulant Therapy					
Anesthesia Consent		450 HCG Qualitative					
PAS Notes		Other					
		Interpreted ECG					
		Interpreted CXR: <b>Must List Reason</b>					
			Anesthesiologist Signature (if testing ordered)				

**PRE-OP Orders: Give all pre-op antibiotics within 1 hour prior to incision. Please check to activate:**

☐ KUB on arrival

☐ Chlorhexidine Gluconate 2% skin prep protocol

**NOTE: If allergy to cephalosporins or type 1 PCN allergy (hives, angioedema, anaphylaxis) do not use cefazolin or cefoxitin.**

☐ Cefazolin (Ancef) – Pharmacy will determine dose based on weight

- 2 gram IV if patient weight is less than 120 kg
- 3 gram IV if patient weight is 120 kg or greater

☐ Cefoxitin 2 gram IV x 1

☐ Ciprofloxacin 500 mg PO x 1

☐ Ciprofloxacin 400 mg IV x 1 (Infuse over 1 hour)

☐ Levaquin 500 mg PO x 1

☐ Levaquin 500 mg IV x 1 (Infuse over 1 hour)

☐ Gentamicin 5 mg/kg IV x 1 – based on "dosing weight" if patient obese

Physician Signature

Date/Time

Wentworth–Douglass Hospital  
PHYSICIAN ORDERS  
PRE-ADMISSION SERVICES  
**UROLOGY**



PO0020