

**Hospitalize as:** ☐ Inpatient ☐ Outpatient/Observation Care of Dr. \_\_\_\_\_

|                    |                            |  |                                       |            |
|--------------------|----------------------------|--|---------------------------------------|------------|
| Patient Name       |                            | Date of Procedure                        | (Circle)<br>SDS INT OBV AM Adm IP/CCU | Admit Date |
| DOB                | Home Phone                 | Work Phone                               | If patient is a minor, name of parent |            |
| Patient's Language | Patient's Point of Contact | Relationship to Patient AND phone number |                                       |            |
| Surgeon            |                            | Assistant                                | Primary Care Physician                |            |
| Procedure          |                            |  |                                       |            |
| Diagnosis          |                            |  |                                       |            |

| Thoracic Procedure |                  |   |   |
|--------------------|------------------|---|---|
|                    | Thoracotomy      | R | L |
|                    | Thoracoscopy     | R | L |
|                    | Lobectomy        | R | L |
|                    | Pleurodesis      | R | L |
|                    | PleuRx Catheter  | R | L |
|                    | Wedge Resection  | R | L |
|                    | Mediastinoscopy  |   |   |
|                    | Bronchoscopy     |   |   |
|                    | Other Procedure: |   |   |

| Time Required for Procedure |        |
|-----------------------------|--------|
|                             | 1 hour |
|                             | 2 hour |
|                             | 3 hour |
|                             | 4 hour |
|                             | Other: |

| Pre-Op Special Request Needs |                  |
|------------------------------|------------------|
|                              | Same Day Surgery |
|                              | A.M. Admit       |
|                              | First Assistant  |
|                              | General Anesth   |
|                              | Frozen Section   |
|                              | Epidural         |

| Medications to Hold Prior to Surgery: |                 |
|---------------------------------------|-----------------|
| Coumadin:                             | _____ Days      |
| Plavix:                               | _____ Days      |
| Aspirin/NSAIDS                        | _____ Days      |
| Pradaxa                               | _____ Days      |
| Xarelto                               | _____ Days      |
| Other:                                | _____/____ Days |

| Consults Ordered by Surgeon | Date / Time |
|-----------------------------|-------------|
| Anesthesia Consult          |             |
| Hospitalist or PCP Consult  |             |
| Pulmonologist Consult       |             |
| Other:                      |             |

| To be completed by POPS Only | Date |
|------------------------------|------|
| Pre-Op visit with Surgeon    |      |
| Medical Evaluation by PCP    |      |
| Surgical Consent             |      |
| History & Physical           |      |
| Anesthesia Consent           |      |
| Notes/PAS:                   |      |

| Pre-Op Labs |                               |
|-------------|-------------------------------|
|             | EKG Interpreted               |
|             | Comprehensive Metabolic Panel |
|             | CBC w/Diff                    |
|             | Type and Screen               |
|             | Cross Match 2 Units of Blood  |
|             | PT/INR                        |

**Pre-Op Orders: Give all pre-op antibiotics within 1 hour of incision (unless otherwise noted).**

|   |
|---|
| <p><b>ALLERGIES:</b></p> <p>● Chlorhexidine Gluconate 2% Skin Prep Protocol</p> <p><b>NOTE:</b> Use alternative agent if patient has any cephalosporin allergy or a "Type 1" allergy to Penicillin (hives, angioedema, anaphylaxis)</p> <p><input type="checkbox"/> Cefazolin (Ancef)– <b>NOTE: Consider adding Vancomycin to Cefazolin for pts at high risk for Methicillin–Resistant Staph aureus (MRSA)</b></p> <p>● 2 gram IV if patient weight less than 120 kg</p> <p>● 3 gram IV if patient weight 120 kg or greater</p> <p><u>Alternative</u> for patients with Beta lactam allergy:</p> <p><input type="checkbox"/> Clindamycin 900 mg IV</p> <p>-----OR-----</p> <p><b>Use Vancomycin instead of Clindamycin if at high risk for Methicillin–Resistant Staph aureus (MRSA):</b></p> <p><input type="checkbox"/> Vancomycin 15 mg/kg IV (Max 2 grams). Round up to nearest 250 mg. Start infusion 1–2 hours prior to incision. Dose may require 2 hour infusion time or longer. If in–patient, start on unit. Confirm start time with O.R.</p> |
| Sequential Compression Device   |
| Heparin 5000 units SC X 1 to be given in OR after epidural placement with permission of anesthesiologist  |
| Other:  |

**Physician's Signature**

**Date / Time**

Wentworth–Douglass Hospital  
PHYSICIAN ORDERS  
**Pre–Admission Services**  
**Thoracic Surgery**



PO0020

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