


**Cholecystectomy Pre-operative -
DEBMPRCHOL**

1. orders are active unless order is manually lined through to inactivate
2. do not enter as order unless checked
3. **• REMINDER:** do not enter as order

Nursing

- Confirm signed consent on chart for laparoscopic cholecystectomy, intra-operative cholangiogram, possible open cholecystectomy
- Elastic stockings, below the knee
- Elastic stockings, above the knee
- Sequential compression pneumatic devices (SCDs) / Pulsatile Anti-Embolism System (PAS) - discontinue PAS when patient is ambulating without assistance 
- Other _____

Patient/Caregiver Education

- Education: Deep breathing & coughing exercises
- Education: Incentive spirometry
- Education: Wound care

Diet

- NPO after midnight on ____/____/____
- Other _____

Laboratory (Indicate schedule following order)

- Type & screen for surgery today
- Complete blood cell count with automated white blood cell differential
- Comprehensive metabolic panel (CMP - CHEM 14)
- Pregnancy urine, if female is of childbearing age & has pregnancy ability
- Basic metabolic panel (BMP - CHEM 8) _____
- Prothrombin time (PT) & international normalized ratio (INR) & Partial thromboplastin time (PTT), if on Coumadin
- Amylase, serum _____
- Lipase _____
- Urinalysis (UA) with microscopy _____
- Urinalysis (UA) with reflex to culture _____
- Other _____

Surgery Date/Time _____

Diagnostic Tests (If not requested by anesthesia. Check with Anesthesia)

- Chest X-Ray, PA & Lateral
Now (indication) _____
in AM (indication) _____
- 12-lead ECG
- Other _____

Medications

- VERIFY HOME MEDICATIONS

Antibiotics

- **Pre-op antibiotic should be given in the Operating Room WITHIN ONE HOUR of surgical incision**

- Cefazolin IV within 1 hour of surgical incision

1 Gm (patient's weight less than 80 kg)
2 Gm (patient's weight 80 kg or more)

****AND****

MetRONIDAZOLE 500 mg IV within 1 hour of surgical incision

--OR--

- Cefoxitin 1 Gm IV within 1 hour of surgical incision

Only if B-lactam Allergy

- Levofloxacin 500 mg IV within 1 hour of surgical incision

****AND****

MetRONIDAZOLE 500 mg IV within 1 hour of Surgical incision

Provider Signature

Date _____ **Time** _____

Patient Information

St. Elizabeth's Hospital
Belleville, Illinois

Cholecystectomy Pre-op

Form # 1355

Org. 6/08, Rev. 7/09, 8/10,

3/11, 6/11, 7/11

Page 1 of 1



N.06QQ