


GI (Esophageal/Gastroduodenal/Hernia)

Pre-operative

- 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

Interventions

- Confirm signed consent on chart for _____
- Notify medical records to send results to primary care physician
- 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 _____

Medications

- VERIFY HOME MEDICATIONS

Antibiotics (IV)

- **Pre-op antibiotic should be given in the Operating Room WITHIN ONE HOUR of surgical incision**
- cefazolin (ANCEF) 1 gram IV x1 dose

Antibiotics (B-lactam allergy)

- clindamycin (CLEOCIN) 600 mg IV x1 dose
****AND****
- levofloxacin (LEVAQUIN) 500 mg IV x1 dose

Beta-Blockers 

- Patients undergoing noncardiac surgery who are currently on beta-blocker therapy &/or who are at high risk for coronary artery disease should receive a beta-blocker during the perioperative period
- metoprolol 5 mg IV q6h PRN to achieve target heart rate of _____

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 _____

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

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

Provider Signature

Date _____ **Time** _____

 = Performance Measure

This order set is not built in FAMIS

Patient Information

St. Elizabeth's Hospital
Belleville, Illinois

**GI-Esophageal/Gastroduodenal/Hernia
Pre-op**

Form 1450



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