


GI (Appendectomy) 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
- 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**

- cefoxitin (MEFOXIN) 2gm IV x1 dose
- cefazolin (ANCEF) 1 gm IV x1 dose
****AND****
- metronIDAZOLE (FLAGYL) 500 mg IV x1 dose

Antibiotics(B-lactam allergy) - IV

- metroNIDAZOLE (FLAGYL) 500 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

