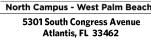
Do Not Use Abbreviations: U (for Unit), IU for International unit), Q.D., Q.O.D., Trailing Zero (X.0 mg) MS, MSO4 MgSO4

PRE-OPERATIVE ORDERS

Status: □ Admit to Inpatient Status (I certify that inpatient services are needed) □ Place Patient in Outpatient Status						
	tient Status and begin Observat	tion Services				
Admit to the service of:						
PATIENT NAME	: (LAST):	FIRST NAME	DATE OF BIRTH:			
	DIAGNOSIS:		ANESTHESIA TYPE:			
	PROCEDURE CONSEN	T TO STATE:				
DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:	CPT CODES:			
ALLERGIE(S)						
Type of Reaction(s):						
Patient Weight: kg						
IV fluids:						
□ Lactated Ringers @ 30 mL/hr on arri	val to Preop					
0.9% Sodium Chloride @ 30 mL/hr o	n arrival to Preop					
Preop antibiotics:						
Cefazolin 1 gm IV for patient weight						
Cefazolin 2 gm IV for patient weight						
Cefazolin 3 gm IV for patient weight						
If beta-lactam allergy or has a history of						
□ Vancomycin 750 mg for patient weig						
□ Vancomycin 1 gm for patient weight						
□ Vancomycin 1.5 gm for patient weigh			ngery			
If beta-lactam and vancomycin intolerant, give clindamycin instead of cefazolin or vancomycin: Clindamycin 900 mg IV over 30 minutes, start 60 minutes prior to surgery						
Cardiac or Vascular Surgery:	tes, start of minutes prior to surge	er y				
Cefazolin dose as above x 1 preop						
□ Clindamycin dose as above x 1 preop	□ Vancomycin dose as above x 1 preop					
Intra-abdominal Surgery:)					
Cefazolin, dose as above and metror	vidazola 500 mg IV x 1 dose each n	reon				
□ Levofloxacin 500 mg IV and metroni						
Gynecologic Surgery:		ther Medications:				
Cefazolin, dose as above x 1 preop		Metronidazole 500 mg IV x 1 pre	on			
\Box Clindamycin, dose as above x 1 preop		□ Celecoxib 200 mg PO x 1 preop				
\Box Vancomycin, dose as above x 1 preo		\Box Celecoxib 200 mg PO x 1 preop				
	•	Dexamethasone 8 mg IV x 1 prec	מנ			
Other medication order:		Acetaminophen 975 mg PO x 1 p	•			
		$\square Gabapentin 600 mg PO x 1 preop$				
	□ Metocopramide 10 mg fV x 1 preop					
Physician Signature:	Da	te/Time: / /	at:			
,		······································				
PRE OPERATIVE ORDERS						
	IFK MEDICAL					
	JA ANGENTER	Detient	ification/Labol			
	Main Campus - Atlantis	Patient Ident	ification/Label			
	North Campus - West Palm Beach					

POS JFKN-701-10003 Rev. 12/17 Page 1 of 2



PRE-OPERATIVE ORDERS							
□ EKG Done at: □ JFK □ PCP Must Be Legible Copy							
Labs Done at: 🗆 JFK	Medical Pre Op Evaluation: Phone:						
Outside Testing	□ No □ Yes Dr.:						
Please use Anesthesia	Cardiac Pre Op Evaluation: Phone:			e:			
Guidelines to determine	□No □Yes Dr.:						
testing.	Other Pre Op Evaluation (Type): Phone:						
	□No □Yes Dr.:						
	Patient From Nursing Home/Extended Care Facility?						
Chem 7 D PT, PTT & INR	Phone:						
Chem 25 Liver Profile	Name:						
□ Sickle Cell □ BHCG < 55 yrs.	☑ NPO AFTER MIDNIGHT, DATE:						
□ Urinalysis □ CEA □ Urine Culture & Sensitivity							
□ Type & Screen							
MRSA/MSSA Screening							
□ Type & Cross X units							
PTH Analyzer:	□ Chest X-Ray						
Hematology Testing	□ JFK □ Outside testing						
Nuclear Medicine Injection							
Other Labs:	KUB day of procedure:						
	Breast:						
□ Anti Embolic Hose	CT: Obtain Test Results:						
Sequential Compression	\square MRA \square VEIN MAPPING \square OTHER						
Device(s)							
Case Management	DONE AT:						
to Arrange:							
□ Incentive Spirometer	Other:						
PERSON COMPLETING FORM:	1: NAME (PLEASE PRINT):						
			DATE:	TIME:			
PHYSICIAN'S SIGNATURE:		PHYSICIAN'S NAME (PLEASE PRI	NT):				
			DATE:	TIME:			

PRE OPERATIVE ORDERS



POS JFKN-701-10003 Rev. 12/17 Page 2 of 2



Patient Identification/Label