



Doctor's Note: Drug form and full directions must be specified. Another brand of drug identical in form or content or another drug in the same therapeutic class per P & T standards may be dispensed unless DAW or 'dispense as written' is specified by the prescriber.

DO NOT CROSS THROUGH PRE-PRINTED ORDERS! Any modifications must be written as separate, new orders. Modified pre-printed orders cannot be processed.					
UNACCEPTABLE ABBREVIATIONS	Clarify by using the following	UNACCEPTABLE ABBREVIATIONS	Clarify by using the following	UNACCEPTABLE ABBREVIATIONS	Clarify by using the following
U or u or IU	Spell out "units" or "international unit"	MgSO4	Spell out Magnesium Sulfate	No zero before decimal point (eg .5)	Use zero before a decimal point when dose is less than one (eg 0.5)
Q.D.	Spell daily	MSO4 or MS	Spell out Morphine Sulfate		
Q.O.D	Spell every other day	D/C or DC	Spell out Discontinue or Discharge	Zero after decimal point	Do not use trailing zero when specifying a whole number (eg 2)
Orthopedic Outpatient Surgery Orders – Preoperative					
Height Weight					
1. ☐ Admit to Inpatient ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
2. To outpatient surgery for planned procedure.					
3. Dr					
4. Diagnosis: 5. Planned surgical procedure:					
6. Allergies/unfavorable effects (note reaction):					
o. Anorgios anavorable onote (note reaction).					
7. Equipment:					
8. 🗌 NPO after midnight 🔲 NPO after midnight except medications					
9. Physical/occupational therapy prior to discharge					
☐ Crutch / gait training					
Physical therapy - lower extremity exercise R L					
☐ Occupational therapy - upper extremity exercise R L					
10. Pre-operative evaluation:					
☐ CBC ☐ Liver Enzyme Panel					
☐ Basic Metabolic Panel ☐ Baseline PT/INR if patient on warfarin (Coumadin)					
☐ Urinaly			ndication:		
I ype ar	nd screen	∐ EKG - Ir	ndication:		
11. Antibiotic prophylaxis:					
Cefazolin 2 gm IVPB 30 min prior to incision and every six hours while in surgery					
If patient allergic to penicillin: ☐ Clindamycin 600 mg IVPB 30 minutes prior to incision x 1					
If patient has suspected MRSA colonization (in addition to above antibiotic): ☐ Vancomycin 1 gram IVPB x 1 (must be given within 2 hours prior to incision)					
12. TED hose to non-operative lower extremities					
13. 🗆 For total joint replacement surgery:					
☐ Oxycodone (OxyContin) 20 mg PO x 1 dose for pre-op analgesia					
☐ Pregabalin (Lyrica) 150 mg PO x 1 dose for pre-op analgesia					
Celecoxib (Celebrex) 400 mg PO x 1 dose for pre-op analgesia					
☐ Acetaminophen (Tylenol) 1 gram PO x 1 dose for pre-op analgesia. ☐ Tranexamic Acid 1 gram IV x doses to be given in OR					
14. Consult Anesthesia for preoperative evaluation.					
Physician Signature / Print Name / Date / Time Beeper No.					

Physician Orders Orthopedic Outpatient Surgery Preoperative

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