

# PHYSICIAN ORDERS

<b>DATE/ TIME</b>	<b>NURSE INITIAL</b>	Authorization is granted to supply drugs by non-proprietary name unless the words "this brand only" are written after the drug name by the physician.
		<b>COLORECTAL ORDER SET FOR PRE-ADMIT TESTING/PRE-OP HOLDING ORDERS</b>
		<b>Admission Status:</b> <input type="checkbox"/> Inpatient ERAS Protocol
		<b>ALLERGIES:</b> _____ <b>HEIGHT</b> _____ <b>WEIGHT</b> _____ <b>BMI</b> _____
		1. <b>Diagnosis:</b> _____ <b>Surgery Date:</b> _____
		2. <b>Obtain consent for Surgical Procedure:</b>
		3. <b>Obtain consent for TAP Block</b>
		4. <b>Diet:</b> <input type="checkbox"/> May have clear liquids until 2 hours prior to anesthesia <b>OR</b> <input type="checkbox"/> NPO after midnight as patient has symptomatic GERD or both a BMI >40 and Diabetes Type II
		5. <b>PRE-OP Tests:</b> <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> CEA <input checked="" type="checkbox"/> Perform POC Glucose Day of Surgery <input type="checkbox"/> Type and Screen <input type="checkbox"/> Type and Cross ___ units <input type="checkbox"/> Urine Pregnancy Test <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> EKG    Per Anesthesia)
		6. ___ <b>Enterostomal Therapy Nurse</b> to mark stoma site prior to surgery and follow patient for postoperative teaching. Notify Enterostomal Nurse of patient's admission to hospital.
		7. <b>Day Of Surgery-Pre-op orders:</b> Chlorhexidine Scrub wipes—apply to upper and lower abdomen in pre-op holding area Sequential Compression Devices to bilateral lower extremities — To Operating Room with patient Start IV with LR at 50 ml/hr. on arrival Clip abdominal surgical field in pre-op holding area. <b>LABS:</b> <input type="checkbox"/> Hgb <input type="checkbox"/> BMP <b>MEDICATIONS to be given in Pre-Op Holding Area:</b> <input type="checkbox"/> Enoxaparin (Lovenox) ___ 30 mg ___ 40 mg subcutaneous X1 dose in pre-op holding area. <input type="checkbox"/> Alvimopan (Entereg) 12 mg PO with sip of water x 1 dose in pre-op holding area. Do not give if patient takes scheduled narcotics <input type="checkbox"/> Gabapentin (Neurontin) PO with sip of water x 1 dose in pre-op holding area. 600 mg if 18-59 years of age    or    300 mg if 60-69 years of age <input type="checkbox"/> Celebrex 200 mg PO
		8. <b>To Be Administered in the Operating Room:</b> <input type="checkbox"/> Ceftriaxone 2 grams IV within one hour before incision <b>AND</b> <input type="checkbox"/> Metronidazole 500 mg IV within one hour before incision <b>If Penicillin Allergic:</b> <input type="checkbox"/> Ciprofloxacin 500 mg IV within one hour before incision <b>AND</b> <input type="checkbox"/> Metronidazole 500 mg IV within one hour before incision
		MD, Provider # _____      Date: _____      Time: _____
<b>Legend:</b> > = greater than, <b>BMP</b> = basic metabolic panel, <b>CBC</b> = complete blood count, <b>CMP</b> = complete metabolic profile, <b>EKG</b> = electrocardiogram, <b>GERD</b> = gastroesophageal reflux disease, <b>H&amp;H</b> = hematocrit and hemoglobin, <b>hgb</b> = hemoglobin, <b>hr</b> = hour, <b>INR</b> = international normalized ration, <b>IV</b> = intravenous, <b>IVP</b> = intravenous pyelogram, <b>KVO</b> = keep vein open, <b>mg</b> = milligram, <b>ml</b> = milliliter, <b>NPO</b> = nothing by mouth, <b>NS</b> = normal saline, <b>PO</b> = by mouth, <b>PTT</b> = partial thromboplastin time, <b>UA</b> = urinalysis		

### Do Not Use Abbreviations

Unacceptable Abbreviations	Acceptable Terminology	Unacceptable Abbreviations	Acceptable Terminology
IU MS, MSO4, MgSO4	international unit morphine sulfate or magnesium sulfate	U Trailing zero (X.O mg)	Unit Never write a zero by itself after a decimal point (X mg)
qd, qod (upper or lower case, with or without Periods)	daily, every other day or q 48 hours	Lack of leading zero (.X mg)	Always use a zero before a decimal point (0.X mg)

**BAYLOR UNIVERSITY MEDICAL CENTER**  
DALLAS, TEXAS



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