ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. PHYSICIAN'S ORDER INTRAVENOUS FLUID and MEDICATION ORDERS (EXCLUDING IV Fluids and MEDICATIONS) **Pre-Operative Orders ALLERGY:** VF and MEDICATION ORDERS ONLY DATE:______ TIME: _____ Admit to Dr. IV: Inpatient Outpatient Surgery: Peripheral access Time Requesting: hrs min Use dialysis catheter Diagnosis: IV Fluids: □ 0.9% Normal Saline Ringer's Lactate □ 0.45% NS D5 ½ NS Consent to read: IVF and MEDICATION ORDERS ONLY to run at rate of: \square 80 cc/hr \square 100 cc/hr \square 125 cc/hr Bolus____cc Other: with possible_____ Prophylactic Antibiotics: Antibiotic not indicated. Assistant: Yes. Notify _____ All prophylactic antibiotics will be administered on induction of anesthesia (within one hour prior to and MEDICATION ORDERS ONLY surgical incision) Vital Signs upon admission. Adult Dosing Diet: Cefazolin gram(s) IV x 1 dose \square NPO Ampicillin-sulbactam gram(s) IV x 1 dose Labs: Cefoxitin_____gram(s) IV x 1 dose Ceftriaxone \square CBC gram(s) IV x 1 dose ☐ CBC with differential ☐ Urinalysis Clindamycin mg IV x 1 dose and MEDICATION ORDERS ONLY ☐ PT/PTT Metronidazole gram(s) IV x 1 dose Type and Screen Tobramycin mg IV x 1 dose Type and Crossmatch 2 units PRBC Cefuroxime gram(s) IV x 1 dose ☐ Electrolytes ☐ Chem 7 Ampicillin gram(s) IV x 1 dose Liver Panel Doxycycline mg IV x 1 dose ☐ BUN/Creatinine Other: Other: _____ DO NOT USE: Summary/Blanket orders are unacceptable. Physician's Medication orders must be complete. MS Initial MSO_4 PRN medication orders must include an indication. πJ Q.D. MgSO₄ Write legibly. Rewrite orders upon transfer and/or post-operatively. Q.O.D. Trailing zero Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero

PHYSICAN'S ORDER FORM PRE-OPERATIVE ORDER

PATIENT ID LABEL

Guam Memorial Hospital Authority

Page 1 of 2 Rev: 3/16 App: OR 4/16, SUR, 3/16, P&T 3/16, NM 3/16, MEC 3/16, HIMC 5/16 Form #04906 Stock #9904906

ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. PHYSICIAN'S ORDER INTRAVENOUS FLUID and MEDICATION ORDERS (EXCLUDING IV Fluids and MEDICATIONS) **ALLERGY: Pre-operative Orders** ☐ Fasting Blood Sugar Accucheck Urine pregnancy on day of surgery or βHCG Pediatric Dosing Other: Patient Weight: kilograms Other: ☐ Cefazolin mg/kg IV x 1 dose [Recommended 25-100 mg/kg/day] Other Diagnostics (To be available in the Operating IVF and MEDICATION ORDERS ONLY Room): Ampicillin-sulbactam mg/kg IV x 1 dose Chest X-ray [Recommended Dosage 200-400mg/kg/day] ☐ PA/Lateral X-ray Cefoxitin mg/kg IV x 1 dose
[Recommended Dosage 80-160mg/kg/day] Abdominal Series Other:____ Ceftriaxone mg/kg IV x 1 dose
[Recommended Dosage 50-100mg/kg/day] ☐ EKG Clindamycin____mg/kg IV x 1 dose ☐ PFT [Recommended Dosage 25-40mg/kg/day] and MEDICATION ORDERS ONLY Antiembolism: Metronidazole____mg/kg IV x 1 dose [Recommended Dosage 30mg/kg/day] ☐ TED Hose: ☐ Knee high ☐ Thigh high ☐ Urine: ☐ Void on call to OR ____ Tobramycin_____mg/kg IV x 1 dose □ Foley Catheter [Recommended Dosage 2.5-3.3mg/kg/day] Cefuroxime____mg/kg IV x 1 dose
[Recommended Dosage 75-240mg/kg/day] Equipment Needs: IVF Ampicillin mg/kg IV x 1 dose [Recommended Dosage 100-400mg/kg/day] VF and MEDICATION ORDERS ONLY Doxycycline mg/kg IV x 1 dose [Recommended Dosage 2-5mg/kg/day] Other: Physician: __ Print Signature: Date: Time: DO NOT USE: Summary/Blanket orders are unacceptable. Medication orders must be complete. IU PRN medication orders must include an indication. MSO_4 O.D. $MgSO_4$ Rewrite orders upon transfer and/or post-operatively. Trailing zero Q.O.D. Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero

PHYSICAN'S ORDER FORM PRE-OPERATIVE ORDER

PATIENT ID LABEL