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| **Location** |
| [ ]  Boise Surgery  **Fax: 208-381-3060** | [ ]  Boise COU  **Fax: 208-381-3567** | [ ]  Surgery Center Boise  **Fax: 208-381-3209** | [ ]  Surgery Center Meridian  **Fax: 208-706-8102** |
| [ ]  Boise Endo  **Fax: 208-381-2135** | [ ]  Meridian Endo  **Fax: 208-706-5015** | [ ]  Meridian Surgery  **Fax: 208-706-2178** | [ ]  Wood River OR/Endo  **Fax: 208-727-8634** |
| [ ]  OSC – River Street  **Fax: 208-336-1954** |  | [ ]  Magic Valley  **Fax: 208-814-2921** | [ ]  Elmore  **Fax:** **208-580-9808** |
| [ ]  Jerome  **Fax:** **208-324-7301** | [ ]  McCall  **Fax:** **208-634-3818** | [ ]  Nampa  **Fax: 208-205-7486** |  |
| **Patient Name (First, middle initial and last):**   **Date of Birth:**  **Phone Number:**  **Case Number:**  **Date of Surgery:**  **Provider Name:**   **Allergies:**  **Weight:** kg **Height:** cm **Diagnosis:** [ ]  Interpretation Services; Language:  |

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| **Pre Admission Testing** [ ]  **N/A**  |
|[ ]  CBC |[ ]  Glycohemoglobin A1C |[ ]  Type & Screen + ABOCAP if not filed in EHR |
|[ ]  APTT |[ ]  Hepatic Function Panel |[ ]  XR Chest 2 Vw |
|[ ]  Protime-INR |[ ]  Urinalysis w/C&S if Indicated |[ ]  ECG 12 lead |
|[ ]  Basic Metabolic Panel |[ ]  POCT Urine Pregnancy (Females 12-55) |[ ]  COVID-19 Symptomatic [ ]  Priority 1 [ ]  Priority 2 |
|[ ]  Comprehensive Metabolic Panel |[ ]  MRSA and SA Screen by PCR |[x]  COVID-19 Asymptomatic/Pre-procedure Screening [ ]  Priority 1 [x]  Priority 2 |
|[ ]  Other:  |
| **Admission**  |
|[ ]  Admit to Inpatient [ ]  Hospital Outpatient Surgery or Procedure (no Bed)  | [ ]  Hospital Outpatient Surgery or Procedure (with Bed) |
| **Code Status (Pre-Op)**  |
|[ ]  Full code  | [ ]  | Modified code |[ ]  DNR/DNI |
| **Diet (Pre-Op)** |
|[x]  Pediatric NPO Diet |[ ]  Other:  |
| **Nursing (Pre-Op)** |
|[x]  Sequential compression device – Calf | [ ]  | Insert Indwelling Urinary Catheter; Reason: Pre-Surgery/Pre-Procedure |
|[x]  Verify informed Consent (exact wording for surgery consent):  |
| **Labs (Pre-Op / Day of Surgery)** [ ]  **N/A** |
|[ ]  CBC  |[ ]  Urine Culture |
|[ ]  Basic Metabolic Panel  |[ ]  Urine HCG Screen |
|[ ]  Comprehensive Metabolic Panel  |[ ]  MRSA abd SA Screen by PCR nasal only |
|[ ]  Glycohemoglobin A1C  |[x]  POCT blood glucose (For all Diabetic Patients) |
|[ ]  Urinalysis w/C&S if Indicated  |[x]  POCT urine pregnancy (Females age 12-55) |
|[ ]  Other:   |[ ]  COVID-19 Symptomatic [ ]  Priority 1 [ ]  Priority 2 |
|  |  |[ ]  COVID-19 Asymptomatic/Pre-procedure Screening [ ]  Priority 1 [ ]  Priority 2 |
| **Blood Bank Tests and Products (Pre-Op)** [ ]  **N/A** |
| ☐  | Type and Screen + ABOCAP if not filed in HER\*If preparing blood for a planned surgery, a Type and Screen needs to be resulted within 72 hours of product administration |
| ☐ | Prepare RBC (Full Unit) [ ]  1 unit [ ]  2 units [ ]  10 mL/kg[ ]  Adult or Pediatric greater than 40 kg [ ]  Pediatric less than 40 kg | [x]  Indications: Surgical Blood Product SupplyRequest for special products: [ ]  CMV Negative [ ]  Irradiated |
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|  | Add. Considerations [ ]  Crossmatch [ ]  Emergent/Uncrossmatched |  Donor source [x]  Bank Units [ ]  Directed Donor [ ]  Autologous |

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| **Imaging and Procedures (Pre-Op / Day of Surgery)** [ ]  **N/A** |
|[ ]  XR chest 2 view |[ ]  Other: **PROVIDER INITIALS:**  |
|[ ]  ECG 12 lead |[ ]  Echo Pediatric Complete |
| **Patient Name (First, middle initial and last): DOB:**  |
| **Specialty Consults** |
|  [ ]  IP Consult to Pediatric Hospitalist [ ]  IP Consult to Pediatric Intensivist |
| **IV** |
| [x]  | Initiate IV protocol – Pediatric [ ]  Insert Peripheral  |
| [ ]  | dextrose 5 % and sodium chloride 0.45 % ml/hr [ ]  dextrose 5 % and sodium chloride 0.45 % ml/hr |
|[ ]  lactated ringers ml/hr [ ]  Other: ml/hr |
| **Antibiotics (Pre-Op)** [ ]  **N/A** |
| **General (Pre-Op)** |  |
|[ ]  ampicillin (OMNIPEN) IV (NEO/ PED) 50 mg/kg x 1 dose |
|[ ]  ampicillin-sulbactam (UNASYN) dose band syringe (PED) 50 mg/kg of ampicillin x 1 dose |
|[ ]  ceFAZolin (ANCEF) 100 mg/mL IV syringe (NEO/PED) 30 mg/kg x 1 dose |
|[ ]  ceFAZolin (ANCEF) dose band syringe (PED), 25 mg/kg x 1, IV (BMC only) |
|[ ]  cefoTETAN (CEFOTAN) 40 mg/mL IV syringe (NEO/PED) 40 mg/kg x 1 dose |
|[ ]  clindamycin (CLEOCIN) IV syringe (NEO/PED) 10 mg/kg x 1 dose |
|[ ]  gentamicin IV syringe (NEO/PED) x 1 dose |
|[ ]  metronidazole (FLAGYL) IV syringe (NEO/PED) loading dose 15 mg/kg x 1 dose |
|[ ]  metronidazole (FLAGYL) IV syringe (NEO/PED) maintenance dose 7.5 mg/kg x 1 dose |
|[ ]  piperacillin-tazobactam (ZOSYN) 100 mg/mL IV syringe (NEO/PED) 80 mg/kg of piperacillin x 1 dose for **Patients 2 - 9 months of age** |
|[ ]  piperacillin-tazobactam (ZOSYN) 100 mg/mL IV syringe (NEO/PED) 100 mg/kg of piperacillin x 1 dose for **Infants greater than 9 months and Children and Adolescents less than or equal to 40 kg** |
|[ ]  piperacillin-tazobactam (ZOSYN) 100 mg/mL IV syringe (NEO/PED) 3.375 g IV x 1 dose for **Adolescents greater than 40 kg** |
|[ ]  Pharmacy to dose aminoglycoside:  |
|[ ]  Other:  |
| **Neurosurgery (Pre-Op)** [ ]  **N/A** |  |
|[ ]  ceFAZolin (ANCEF) 100 mg/mL IV syringe (NEO/PED) 30 mg/kg x 1 dose |
|[ ]  ceFAZolin (ANCEF) dose band, 25 mg/kg x 1, IV |
|[ ]  cefUROXime (ZINACEF) 90 mg/mL IV syringe (NEO/PED) 50 mg/kg x 1 dose, administer over 15 minutes |
|[ ]  vancomycin (VANCOCIN) IV syringe (NEO/PED) x 1 dose  |
|[ ]  IP consult to Pharmacy Reason for consult: Dose vancomycin Comments: Pharmacy to adjust for renal function |
|[ ]  Other:  |
| **ENT (Pre-Op)** [ ]  **N/A** |  |
|[ ]  amoxicillin (AMOXIL) 400 mg/5 mL suspension 50 mg/kg x 1 dose |
|[ ]  ampicillin-sulbactam (UNASYN) 45 mg/mL IV syringe (NEO/PED) 50 mg/kg of ampicillin x 1 dose |
|[ ]  azithromycin (ZITHROMAX) 200 mg/5 mL oral suspension 10 mg/kg x 1 dose |
|[ ]  ciprofloxacin-dexamethasone (CIPRODEX) otic suspension 3 drops x 1 Dose, re-label for home use [ ]  Both Ears [ ]  Left Ear [ ]  Right Ear |
|[ ]  mupirocin (BACTROBAN) 2 % ointment Once, Topical, For 1 Dose. Apply ointment to each nostril 3 times daily. Re-label for home use |
|[ ]  Other:  |
| **Pain Medications (Pre-Op)** [ ]  **N/A** |
|[ ]  Ropivacaine infusion ball 750 mL double lumen select a flow  |[ ]  Less than 40 kg  |[ ]   Greater than 40 kg |
| **Anesthesia ❑ N/A**  |
|[ ]  Bier Block |[ ]  Epidural |[ ]  General |[ ]  Local with Conscious Sedation  |[ ]  Local with no Sedation  |[ ]  MAC |
|[ ]  Regional Block  |[ ]  SAB |[ ]  TIVA |[ ]  TBD by Anesthesia  |[ ]  N/A (No Anesthesia resource involved) |
| **Type of Optional Post-Op Analgesia** [ ]  **N/A** |
|[ ]  Adductor Canal |[ ]  Bier Block |[ ]  Caudal |[ ]  Epidural |[ ]  Fascia Iliaca |[ ]  Femoral |[ ]  Interscalene |
|[ ]  No nerve Block |[ ]  Non specified Brachial Plexus Block |[ ]  Paravertebral |[ ]  Peripheral nerve Catheter |[ ]  Popliteal |
|[ ]  Saphenous |[ ]  Sciatic |[ ]  Spinal with Morphine |[ ]  Transverse Abdominis |[ ]  Rectus Sheath |
|[ ]  Upper Extremity |[ ]  Lower extremity | [ ]  Other:  |
| **Additional Orders (any medication orders must include medication, dose, route and phase of care)** [ ]  **N/A** |
| [ ]  Other:  |

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| **PROVIDER SIGNATURE: DATE: TIME:** |