|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | | | | |  | | | COVID-19 Asymptomatic/Pre-procedure Screening  Priority 1  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)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pediatric NPO Diet | | | | | | | | | | | | | | | | | |  | | | Other: | | | | | | | | | | | | | | | | | | |
| **Nursing (Pre-Op)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sequential compression device – Calf | | | | | | | | | | | | | | | | | |  | | | Insert Indwelling Urinary Catheter; Reason: Pre-Surgery/Pre-Procedure | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | | | | | | | | |  | | | POCT blood glucose (For all Diabetic Patients) | | | | | | | | | | | | | | | | | | |
|  | Urinalysis w/C&S if Indicated | | | | | | | | | | | | | | | | | |  | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | Indications: Surgical Blood Product Supply  Request for special products:  CMV Negative  Irradiated | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | |  | Add. Considerations  Crossmatch  Emergent/Uncrossmatched | Donor source  Bank Units  Directed Donor  Autologous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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