

PATIENT NAME: _____ DATE OF BIRTH: _____

SURGICAL PROCEDURE: _____

INPATIENT

OUTPATIENT

DATE: _____

HISTORY:

CURRENT CONDITION: _____

ALLERGIES: _____

CO-MORBIDITIES: _____

PREP:

Insert Foley Cath - _____

Fleet Enema

Vinegar Douche

Shower or Cleanse Prep - _____

Shaving Instructions - _____

OTHER: _____

DIETARY RESTRICTIONS: NPO After Midnight

OTHER: _____

PRE OP MEDICATIONS / INSTRUCTIONS:

ANTIBIOTIC: _____ PO / IV / IM / SQ

OTHER: _____ PO / IV / IM / SQ

OTHER: _____ PO / IV / IM / SQ

OTHER: O2 - _____ Incentive Spirometry SCD's

TED HOSE: Knee Thigh Left Right

DIAGNOSTIC PROCEDURES:

Order by Anesthesia Provider

LAB: DX: _____

CBC

PLT Function Screen

APTT

WSR

HCG

CRP

BMP

CMP

INP

ACCU Check

UA (C&S If indicated) _____

BLOOD PRODUCTS:

Type and Screen Type and Cross

_____ Units PRBC

Auto Blood Available? # _____ Units

CARDIO PULMONARY / IMAGING:

EKG DX: _____ CXR DX: _____ Other _____ DX: _____

_____ DX: _____ _____ DX: _____ _____ DX: _____

PHYSICIAN / PRACTITIONER'S SIGNATURE

DATE

TIME

**TRI-STATE MEMORIAL HOSPITAL
CLARKSTON, WA**

PRE OP ORDER SET