

PHYSICIAN ORDER SET

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF UPMC - UNLESS THE PRODUCT NAME IS CIRCLED.

IMPRINT PATIENT IDENTIFICATION HERE

--Hand Microsurgery Preop Physician Order Set

Place patient on (unit): _____ Attending Physician: _____

Diagnosis: _____

Allergies: _____ Condition: _____

Check All Orders that Apply with a [X] & All Handwritten Orders Should be BLOCK PRINTED for Clarity

1. Admit to: _____

- One Day Stay
Observation/RTS
Same-Day Surgery
4South

Admit per reservation
Notify resident on admission

Please permit and preop for: _____

2. NPO since midnight

3. Labs:

- CBC w/ Diff
PT/APTT
HCG Serum Preg Test by BIA
Metabolic Profile
UA

4. Diagnostic Tests/Studies

- EKG

5. Radiology

- PA & Lateral Chest x-ray

6. Blood Products

Units of autologous blood drawn at C.B.B. If autologous blood not available:

- Type & Cross for units
Type & Screen for units

7. Consults

- Consultation with Dr. _____ for medical management

8. Medication

- Cefazolin (Ancef) 1gm IVPB preop in Holding Area
Meperidine (Demerol) 50 mg IM preop
Midazolam (Versed) 2 mg IM preop

(BLOCK Print Name)

Date: _____

(Signature)

Time: _____ Pager # _____



Additional Handwritten Orders Should be Placed at the End of this Order Set.

Order Set Faxed to Pharmacy by: (name / time) Unit: _____