

All  must be checked to initiate order. If order not indicated draw a line through it.

Patient Name:		Date of Birth:	Phone number:
Admit to: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient with bed <small>(option includes discharge to home)</small> <input type="checkbox"/> Observation		Surgeon:	Primary Care Provider:
Date/Time of Surgery:		Check in Time:	
Diagnosis/ Code:		Insurance:	
Surgical Procedure Anticipated / Code:			
Code Status: <input type="checkbox"/> Full code <input type="checkbox"/> DNR <input type="checkbox"/> Other:			
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> See provided list <input type="checkbox"/> List allergies:			
1.	<input type="checkbox"/> No pre-operative orders (go to number 4)		
2.	<b>The following tests have been ordered:</b> <b>Please come to the Hospital to have any Laboratory, X-Ray and EKG tests at least <u>3-5 days</u> before your scheduled surgery. If tests obtained at another facility: Please fax results to Island Hospital Surgery Department at 360-299-1382.</b>		
	<input type="checkbox"/> CBC <input type="checkbox"/> HEMOGRAM <input type="checkbox"/> ELECTROLYTES <input type="checkbox"/> PT/INR <input type="checkbox"/> GLUCOSE <input type="checkbox"/> HEPATIC FUNCTION <input type="checkbox"/> PTT <input type="checkbox"/> CREATININE <input type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> K+ <input type="checkbox"/> COMP.METAB.PANEL <input type="checkbox"/> TYPE AND CROSS _____ UNITS <input type="checkbox"/> H&H <input type="checkbox"/> BASIC METAB.PANEL <input type="checkbox"/> UA SCREEN <input type="checkbox"/> UA COMPLETE WITH CULTURE  <input type="checkbox"/> EKG <input type="checkbox"/> CHEST XRAY		
	<b>Test specific diagnosis:</b>		
3.	<input type="checkbox"/> Other tests:		
4.	<b>Day of Surgery Orders:</b> <input type="checkbox"/> No Surgery Orders <input type="checkbox"/> SCDs <input type="checkbox"/> Compression Hose <input type="checkbox"/> Foley Catheter in OR	<input type="checkbox"/> CBG (blood glucose - fingerstick) <input type="checkbox"/> INR <input type="checkbox"/> Ensure patient has washed operative site with antiseptic soap. If not, wash operative site with antiseptic wipes (unless allergic). <input type="checkbox"/> Endoscopy protocol	
5.	Pre-operative antibiotic: <input type="checkbox"/> None needed <input type="checkbox"/> Antibiotic:		
6.	Further Instruction: <input type="checkbox"/> None  <input type="checkbox"/> Patient has pacemaker/internal defibrillator		
7.	Post-operative appointment:		

\_\_\_\_\_  
 Healthcare Provider Signature  
**Pre-Surgical / Pre-Procedural Orders**  
**Island Hospital**

\_\_\_\_\_  
 Date/Time

<b>Fax completed form to 360-299-1382</b>
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**SO4865**

Patient ID Sticker