McLaren
GREATER LANSING

PHYSICIAN'S ORDERS
PRIOR TO SURGERY

Date of Surgery:_____ Pre-Op Visit Date:_____

✔	ORDER NO.	ORDERS AND SIGNATURES
	1.	**PATIENT ALLERGIC TO:**
	2.	☐PATIENT TYPE FOR SURGERY VISIT: ☐INPATIENT ☐OUTPATIENT WITH EXTENED RECOVERY ☐OUTPATIENT
	3.	LAB WORK REQUESTED: ☐ANESTHESIA PROTOCOL ☐POTSSIUM ☐CEA ☐PBC ☐ELECTROLYTES PANEL ☐CA125 ☐CBC ☐FBS (AM) SURG/BEDSIDE ☐RBS ☐UA ☐BASIC METABOLIC PANEL ☐BLEEDING TIME ☐HCG ☐COMPREHENSIVE METABOLIC PANEL ☐PT/INR DX_____ ☐UCG ☐HEPATIC FUNCTION PANEL ☐PTT DX_____ ☐DIAGNOSIS AND/OR SYMPTOMS:_____ ☐RH TYPING ☐SURGICAL PREP:_____ ☐TYPE & SCREEN ☐OTHER:_____ ☐T & C _____ UNITS
	4.	CARDIAC SERVICES: ☐EKG (Dx and/or symptom)_____ ☐Other:_____ (Dx and/or symptom)_____
	5.	MEDICATIONS: ☐Heparin_____ ☐Antibiotics_____ ☐IV_____
	6.	RESPIRATORY SERVICES: ☐I.S. Training ☐ABG
	7.	X-RAY: ☐Chest (Dx and/or symptom)_____ ☐Other:_____ (Dx and/or symptom)_____
	8.	HISTORY & PHYSICAL: ☐Sent with Patient ☐Faxed ☐Dictated to Hospital ☐Other:_____
	9.	INFORMED CONSENT:
	10.	EQUIPMENT REQUIREMENTS: ☐Foley ☐Sling ☐Immobilizer ☐PCH ☐Arterial Line ☐Polar Care ☐Brace ☐Ted Hose: ☐PCA Pump ☐Surgical Shoe ☐Walker ☐Knee ☐SICU Bed ☐CPM ☐Crutches/teaching ☐Thigh ☐Other:
	11.	POSTOPERATIVE NERVE BLOCK: ☐Surgeon request post-op pain control with nerve block by anesthesiologist
	12.	Other:

CHECK APPROPRIATE ORDERS IN (✔) COLUMN

Date: _____ Time: _____ Physician's Signature: _____

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