



ORD

ORDERED		Pre-Op Lower Extremity Vascular Procedure Orders - Dr. Crocker	TIME ORDER NOTED
Date	Time		
		Check appropriate boxes	
		Admit to Dr. Crocker: to CCU post-operatively	
		Diagnosis:	
		Expected Surgery Date:	
		Allergies:	
		Operative Consent for:	
		NPO after midnight on the night prior to procedure	
		<b>Labs: (do not repeat if done within 72 hours of surgery)</b>	
		CBC, BMP, Mg, PT/PTT, urinalysis	
		Type and Crossmatch for _____ units of packed red blood cells to be available intraoperatively.	
		EKG within 72 hours of admission; post to chart	
		PA and Lateral Chest X-Ray within 72 hours of admission; report on chart	
		<input type="checkbox"/> Cefazolin 2 grams IVPB to be infused within 1 hour prior to incision	
		<input type="checkbox"/> Vancomycin 1 gram IVPB to be infused in holding	
		Aortogram report to chart	
		Hibiclens shower or bath the night and morning prior to surgery	
		Clip-Prep groins and legs on the morning of surgery; Hibiclens lather and rinse after clip-prep	
		Other:	
		Physician Signature:	
		Date / Time:	



PRE-OP LOWER EXTREMITY VASCULAR PROCEDURE ORDERS DR. CROCKER

Form #18-214.201 (1/09)

ORIGINAL - CHART

CANARY - PHARMACY

▼ Addressograph / Patient Label ▼