



PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED		ORDERS FOR: COLUMBUS SURGERY ASSOCIATES	TIME ORDER NOTED
Date	Time		
		Check Appropriate Boxes:	
		Primary Diagnosis:	
		Admit for: <input type="checkbox"/> Inpatient Surgery <input type="checkbox"/> Outpatient Surgery	
		Vital Signs every 4 hours	
		Weigh Daily	
		Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Regular Diet <input type="checkbox"/> DAT	
		<input type="checkbox"/> CBC <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> BMP <input type="checkbox"/> UA	
		<input type="checkbox"/> CMP <input type="checkbox"/> EKG <input type="checkbox"/> Chest X-Ray EPA and Left Lateral	
		<input type="checkbox"/> INT <input type="checkbox"/> IV	
		<input type="checkbox"/> Beta Blocker: complete with dose/frequency/route	
		(If patient takes as a home med, give dose within 24 hours prior to incision)	
		<input type="checkbox"/> Metoprolol (Lopressor/Toprol)	
		<input type="checkbox"/> Carvedilol (Coreg)	
		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Beta Blocker not ordered because (circle): allergy / bradycardia /	
		Heart failure / Second or third degree heart block / shock /	
		Other:	
		Operative Permit for:	
		Pre-op Antibiotic: Give within 1 hour of incision	
		<input type="checkbox"/> Ancef (cefazolin)	
		<input type="checkbox"/> Cefotan (cefotetan)	
		<input type="checkbox"/> Mefoxin (cefozitin)	
		<input type="checkbox"/> Unasyn (ampicillin/sulbactam)	
		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Jerry Stennett, MD	
		Physician Signature: _____ Date: _____ Time: _____	

▼ Patient Label ▼



ADMIT TO: COLUMBUS SURGERY ASSOCIATES