

# HOSPITAL

## PROVIDER ORDERS PRE-OP ORDER SHEET

PLEASE DATE, TIME AND SIGN ALL ORDERS. INCLUDE BEEPER AND PAS NUMBER  
WITH SIGNATURE. FLAG ORDERS FOR STAT OR ROUTINE

ALLERGIES		ORDERS (OTHER THAN MEDICATIONS)	NOTED BY INITIALS	NUMBER EACH ORDER. INDICATE ROUTE OF ADMINISTRATION AND DO NOT ABBREVIATE DRUG NAME.			
WEIGHT				MEDICATION ORDERS (EXCEPT ANTIBIOTICS)			
DATE	TIME			DATE	TIME (24 hour)	PROVIDER	BEEPER & PAS #
		<input type="checkbox"/> Start IV with 18 gauge angiocath		<input type="checkbox"/> See Surgical Infection Prophylaxis order sheet			
		<input type="checkbox"/> Infuse Lactated Ringers Solution at 10ml / hour		<input type="checkbox"/> Famotidine 20mg IV Once			
		<input type="checkbox"/> Infuse normal saline solution at 10ml / hour		<input type="checkbox"/> Metaclopramide 10mg IV Once			
		<input type="checkbox"/> Fingerstick blood sugar		<input type="checkbox"/> Ondansetron 4mg IV Once			
		<input type="checkbox"/> Obtain I-stat <input type="checkbox"/> Lytes <input type="checkbox"/> Blood Gas		<input type="checkbox"/> Dexamethasone 8mg IV Once			
		<input type="checkbox"/> Urine pregnancy test		<input type="checkbox"/> Scopolamine 1.5mg Patch			
		<input type="checkbox"/> Type and screen					
DATE	TIME	PROVIDER	BEEPER & PAS #				
SCAN DATE	SCAN TIME (24 hr)	NURSE'S SIGNATURE	CLOCK #				