

ORDERS NOT VALID UNLESS APPROPRIATELY
SIGNED, DATED, AND TIMED.

PATIENT LABEL

Allergies: NKDA _____

Diagnosis: _____

Operative Consent to Read: _____

_____ *Duration:* _____

Date of Surgery: _____ Weight: _____ lbs. _____ kg. Height: _____

Anesthesia:

- General Anesthesia
- MAC (Monitored Anesthesia Care) per Anesthesia Block by Anesthesia Bier Axillary Popliteal Ankle Interscalene Femoral
- Surgeon Directed Sedation per RN (IV Sedation) (see MSC IV Fluid Management Policy)
- Local by MD (No IV Sedation)
- IV fluids per Anesthesia (see MSC IV Fluid Management Policy)

History and Physical Obtained? Yes No *If yes, list who and when:* _____

ECG: Pre-op ECG if indicated per guidelines.

Special Instruments: _____

Medications: Pre-op or On Call to OR

- Cefazolin (*Ancef*) 1g 2 g weight > 50 kg IV Clindamycin 600 mg. IV
- Cefoxitin 2 g IV Cefuroxime 1.5 g IV
- Other: _____

Miscellaneous:

- NPO after midnight day of surgery Other: _____
- Urine pregnancy test
- Nursing staff to instruct patient: Crutches Crutches as needed Walker Cane W/C NWB PWB- heel WBAT
- Pre-op surgical scrub X 5 minutes with CHG Other: _____
- Void on call to OR
- Other: _____

Physician Signature Date Time AM/PM

Pre-op RN Signature Date Time AM/PM

Routed copy to Materials Management Technician if special instrument(s) or positioning are noted:

Reception Signature Date