

**Surgery Admission Orders (Ward/Stepdown)**

<b>Admit to:</b>		<b>Unit/Ward:</b>		<input type="checkbox"/> <b>Telemetry</b>	
<b>MD/NP/PA:</b>		<b>Pager No.:</b> (    )		<b>Change of Service/Team as of:</b> _____ / _____ / _____ <b>Time:</b> _____ <b>To:</b> _____	
<b>MD/NP/PA:</b>		<b>Pager No.:</b> (    )			
<b>Sr. Resident:</b>		<b>Pager No.:</b> (    )			
<b>Attending MD:</b>		<b>Pager No.:</b> (    )			
<b>Diagnosis:</b>				<b>Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical	
<b>Allergies:</b>		<input type="checkbox"/> NKDA <input type="checkbox"/> Allergies/specify reactions: _____			
<b>Assessment:</b>		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Vital signs:    <input type="checkbox"/> Per unit protocol    <input type="checkbox"/> Q_____hrs  <input type="checkbox"/> O2 saturation:    <input type="checkbox"/> Per unit protocol    <input type="checkbox"/> Q_____hrs  <input type="checkbox"/> Isolation:  <input type="checkbox"/> Precautions:    <input type="checkbox"/> Fall    <input type="checkbox"/> Seizure    <input type="checkbox"/> Aspiration           </div> <div> <input type="checkbox"/> Record strict input and output Qshift  <input type="checkbox"/> Obtain old chart  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:           </div> </div>			
<b>Physician Notification:</b> <i>Notify provider for any of the following</i>		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Systolic BP less than 96 or greater than 170 mmHg  <input checked="" type="checkbox"/> Diastolic BP less than 50 or greater than 95 mmHg  <input checked="" type="checkbox"/> Temp greater than 38.6°C (101.5°F)  <input checked="" type="checkbox"/> Severe pain not relieved by medication (pain 7 or greater on a scale of 0-10)           </div> <div> <input checked="" type="checkbox"/> Pulse less than 55 or greater than 110 BPM  <input checked="" type="checkbox"/> Resp. rate less than 12 or greater than 24  <input checked="" type="checkbox"/> Urinary output: less than 240 mL within 8 hrs  <input type="checkbox"/> O2 saturation less than 90%  <input type="checkbox"/> Other:           </div> </div>			
<b>Activity:</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> As tolerated                      <input type="checkbox"/> Head of bed up 30°  <input type="checkbox"/> Out of bed to chair TID  <input type="checkbox"/> Ambulate with assistance           </div> <div> <input type="checkbox"/> Bed rest with bathroom privileges  <input type="checkbox"/> Strict bed rest  <input type="checkbox"/> Other:           </div> </div>			
<b>Diet:</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Strict NPO  <input type="checkbox"/> NPO; PO meds allowed  <input type="checkbox"/> NPO after midnight           </div> <div> <input type="checkbox"/> Regular  <input type="checkbox"/> Consistent Carbohydrate (ADA)  <input type="checkbox"/> Other:           </div> </div>			
<b>Consults:</b>		<input type="checkbox"/> _____ <input type="checkbox"/> _____			
<b>Treatment:</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> IV _____ at _____ mL per hr  <input type="checkbox"/> IV NS 500 mL bolus Once  <input type="checkbox"/> Insert saline lock, flush per unit protocol  <input type="checkbox"/> Nasogastric tube to wall suction           </div> <div> <input type="checkbox"/> Foley catheter to gravity  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:           </div> </div>			
<b>Labs/Tests:</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CBC  <input type="checkbox"/> Na, K, Cl, CO2, BUN, Cr, Glu  <input type="checkbox"/> AST, ALT, alk phos, bili-T, bili-D  <input type="checkbox"/> Urine pregnancy test           </div> <div> <input type="checkbox"/> INR  <input type="checkbox"/> PTT  <input type="checkbox"/> Amylase  <input type="checkbox"/> Lipase           </div> <div> <input type="checkbox"/> EKG  <input type="checkbox"/> Chest x-ray: _____  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:           </div> </div>			
<b>Labs/Tests:</b> (Next AM)		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CBC  <input type="checkbox"/> Na, K, Cl, CO2, BUN, Cr, Glu  <input type="checkbox"/> AST, ALT, alk phos, bili-T, bili-D           </div> <div> <input type="checkbox"/> Amylase                      <input type="checkbox"/> Lipase                      <input type="checkbox"/> Ca  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:           </div> </div>			
<b>DVT Prophylaxis: (Ambulate all patients as early as possible. Hold anticoagulants 24 hrs. prior to scheduled operative procedures) See DVT Risk Assessment and Prophylaxis Tool for dosing information for obese or small/frail/elderly patients. If pregnant or age less than 17 years, use enoxaparin.</b> <input type="checkbox"/> DVT prophylaxis not indicated due to: _____ <input type="checkbox"/> Risk assessment completed: pharmacologic prophylaxis risk outweighs benefits <input type="checkbox"/> Heparin 5,000 units subcutaneous Q8 hrs <input type="checkbox"/> Dalteparin [FRAGMIN] 5,000 units subcutaneous Q24 hrs <input type="checkbox"/> Sequential compression device <input type="checkbox"/> Other:					

Provider Last Name (Print):			
Provider Signature:		ID#:	
Date:	/	/	Time: : AM / PM
RN Last Name (Print):			
RN Signature:		Initials:	
Date:	/	/	Time: : AM / PM
Clerk/LVN Signature:		Initials:	
Date:	/	/	Time: : AM / PM



### General Surgery DVT Risk Assessment and Prophylaxis Tool

Contraindications to Anticoagulation (use sequential compression device (SCD) alone if anticoagulation is contraindicated)	DVT Risk Factors 1 point each, unless otherwise noted Quantify risk score and see "DVT Prophylaxis" below
<b>Absolute</b> (if any of these are positive, stop here) <input type="checkbox"/> Active hemorrhage <input type="checkbox"/> Severe trauma with hemorrhage (within 4 weeks)  <b>Relative</b> <input type="checkbox"/> Active intracranial lesion/neoplasm <input type="checkbox"/> Biopsy sites inaccessible to hemostatic control <input type="checkbox"/> GI or GU bleed within past 4 weeks <input type="checkbox"/> Previous cerebral hemorrhage <input type="checkbox"/> Proliferative retinopathy <input type="checkbox"/> Recent intraocular or intracranial surgery <input type="checkbox"/> Thrombocytopenia or other coagulopathy <input type="checkbox"/> Traumatic or repeated epidural or spinal puncture within 6 hours	<b>Stasis</b> <input type="checkbox"/> Acute COPD exacerbation <input type="checkbox"/> Acute MI <input type="checkbox"/> Age 40 years or greater <input type="checkbox"/> Anticipated immobilization/bed confinement greater than 24 hours <input type="checkbox"/> CHF (class III or IV) <b>(3 points)</b> <input type="checkbox"/> Hemi-, para-, or quadraparesis <b>(3 points)</b> <input type="checkbox"/> Hospital or nursing facility stay within 90 days <b>(3 points)</b> <input type="checkbox"/> Mechanical ventilation <b>(3 points)</b> <input type="checkbox"/> Obesity (BMI 30 kg/m <sup>2</sup> or greater) <input type="checkbox"/> Pneumonia <input type="checkbox"/> Pre-admission/pre-injury/pre-operative leg swelling/ulcers/varicose veins <input type="checkbox"/> Recent confining travel (air or ground) greater than 4 hrs  <b>Hypercoagulability</b> <input type="checkbox"/> Documented history of DVT or PE <b>(3 points)</b> <input type="checkbox"/> Estrogenic hormone use (estrogen, tamoxifen, etc.) <input type="checkbox"/> Family history of DVT or PE <input type="checkbox"/> Hypercoagulable states (lupus anticoagulant, etc.) <b>(3 points)</b> <input type="checkbox"/> Indwelling central venous catheter <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Myeloproliferative disorder (non-hemorrhagic) <input type="checkbox"/> Nephrotic syndrome <input type="checkbox"/> Pregnant, or postpartum less than 1 month <input type="checkbox"/> Severe systemic infection or sepsis <input type="checkbox"/> Systemic vasculitis <input type="checkbox"/> Visceral malignancy
<b>Relative Contraindications to SCD</b> <input type="checkbox"/> Acute superficial or deep vein thrombosis <input type="checkbox"/> CHF (class III or IV) <input type="checkbox"/> Severe peripheral artery disease	

DVT Prophylaxis			
Early ambulation for all patients			
Type of Admission/Surgery	Risk Factors	Anticipated Immobilization/Bed Confinement	
		1 Day or Less	2 Days or More
Operative (not including colon, bariatric surgery, trauma or burn admissions)	3 points or greater	SCD <u>and</u> either heparin (preferred) <u>or</u> dalteparin	
	2 points	SCD <u>or</u> heparin (preferred) <u>or</u> dalteparin	SCD <u>and</u> either heparin (preferred) <u>or</u> dalteparin
	1 point or less	SCD	SCD <u>or</u> heparin (preferred) <u>or</u> dalteparin
Burns and Non-operative, Non-Trauma Admissions	3 points or greater	SCD <u>and</u> either heparin (preferred) <u>or</u> dalteparin	
	2 points	SCD <u>or</u> heparin (preferred) <u>or</u> dalteparin	SCD <u>and</u> either heparin (preferred) <u>or</u> dalteparin
	1 point or less	Early ambulation	SCD <u>or</u> heparin (preferred) <u>or</u> dalteparin
Special Circumstances			
Trauma	2 or more points	SCD <u>and</u> dalteparin	
Trauma	1 point or less	Dalteparin	
Bariatric Surgery	0 or more points	Heparin (preferred) <u>or</u> dalteparin	

Dosing		
If history of heparin-induced thrombocytopenia (HIT), use fondaparinux		
If pregnant or age less than 17 years, use enoxaparin		
Medication	Usual Dose	Comments
Heparin	5,000 units subcutaneous Q8 hrs	Consider lower dose for small/frail/elderly patient Renal insufficiency: no adjustment
Dalteparin [FRAGMIN]	5,000 units subcutaneous Q24 hrs	Weight 99 kg or greater <u>or</u> BMI greater than 40 kg/m <sup>2</sup> : consider 7,500 units subcutaneous Q24 hrs

Surgery Admission Orders (Medication Reconciliation)

**Medication Reconciliation:** List all patient's home medications (include samples, OTC, vitamins, herbals, and others); Select Continue or Discontinue for this admission. **Do not duplicate orders written here in the next medication order sections.** (Prohibited abbreviations: qd, qod, U, IU, lack of leading zero .X, trailing zero X.0, MS, MSO4, MgSO4)

Information source: \_\_\_\_\_ ☐ Patient not currently taking medication ☐ Medication history not available  
Weight: \_\_\_\_\_ kg \_\_\_\_\_ lbs ☐ Measured ☐ Stated Height: \_\_\_\_\_ cm \_\_\_\_\_ ft \_\_\_\_ in ☐ Pregnant ☐ Breastfeeding

FOR THIS ADMISSION	CURRENT HOME MEDICATIONS	DOSE	ROUTE	FREQ
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	_____ Instructions/indications			

Provider Signature: \_\_\_\_\_ ID#: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM  
RN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM  
Clerk/LVN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM



Surgery Admission Orders (Ward/Stepdown)

Comfort Meds – Select one PRN medication per pain scale. Do not exceed 4 gms acetaminophen per 24 hrs or 6 mg IVP morphine per dose.

☐ Morphine \_\_\_\_\_ mg Q\_\_\_\_\_ hrs PRN moderate (4-6) pain  
Choose one route: ☐ IVP ☐ Subcut

☐ Morphine \_\_\_\_\_ mg Q\_\_\_\_\_ hrs PRN severe (7-10) pain  
Choose one route: ☐ IVP ☐ Subcut

☐ Hydrocodone 5 mg and acetaminophen 500 mg [VICODIN]  
1 tab PO Q4 hrs PRN moderate (4-6) pain

☐ Hydrocodone 5 mg and acetaminophen 500 mg [VICODIN]  
2 tabs PO Q6 hrs PRN severe (7-10) pain

☐ Acetaminophen 650 mg PO Q4 hrs PRN (Specify PRN indication(s)  
☐ Mild pain (1-3) ☐ Temp. greater than 38°C (100.4°F)

☐ Famotidine [PEPCID] 20 mg BID  
Choose one route: ☐ IVPB ☐ PO

☐ Famotidine [PEPCID] 20 mg Daily (CrCl less than 50 mL per min)  
Choose one route: ☐ IVPB ☐ PO

☐ Ondansetron [ZOFRAN] 4 mg IVPB Q8 hrs PRN nausea

☐ Diphenhydramine [BENADRYL] 25 mg PO Nightly PRN insomnia

☐ Temazepam [RESTORIL] 15 mg PO Nightly PRN insomnia

☐ Other:

Insulin: **Fingerstick glucose level:** ☐ Before each mealtime and at bedtime ☐ Other: \_\_\_\_\_

Maintenance insulin:

Give subcutaneous NPH/Regular insulin **30 minutes before meals** (or bolus tube feed).  
Give subcutaneous rapid acting (Lispro) insulin **with meals** (or bolus tube feed).  
**If patient NPO:** ☐ Hold Regular/rapid acting insulin. Give ½ maintenance NPH insulin dose  
☐ Other:

	Breakfast	Lunch	Dinner	Bedtime
NPH	_____ units		_____ units	_____ units
Regular	_____ units	_____ units	_____ units	
Other:				
Other:				

Supplemental:  
(Correction dose)

Less than 70 mg per dL: Hold maintenance Regular or rapid acting insulin for this one dose; continue other insulin. If alert and able to tolerate PO fluids, give 120 mL juice PO now; otherwise give 25 mL D50 slow IVP now. Repeat fingerstick glucose level in 20 min. Call provider to re-assess and adjust insulin dose.

70-150 mg per dL: No supplemental dose required.

☐ **Lower dose:**  
151-200: 2 units (None if at bedtime)  
201-250: 4 units (None if at bedtime)  
251-300: 6 units (3 units if at bedtime)  
301-350: 8 units (4 units if at bedtime)  
Greater than 350: 10 units (5 units if at bedtime), call MD

☐ **Higher dose:**  
151-200: 4 units (None if at bedtime)  
201-250: 6 units (None if at bedtime)  
251-300: 8 units (4 units if at bedtime)  
301-350: 10 units (5 units if at bedtime)  
Greater than 350: 12 units (6 units if at bedtime), call MD

☐ **Other:**  
151-200: \_\_\_\_\_ units (None if at bedtime)  
201-250: \_\_\_\_\_ units (None if at bedtime)  
251-300: \_\_\_\_\_ units (\_\_\_\_\_ units if at bedtime)  
301-350: \_\_\_\_\_ units (\_\_\_\_\_ units if at bedtime)  
Greater than 350: \_\_\_\_\_ units (\_\_\_\_\_ units if at bedtime), call MD

Antibiotic (Follow surgical prophylaxis guidelines):

	DOSE	ROUTE	FREQ
Additional Meds/Orders:			
Other:			

Provider Signature: \_\_\_\_\_ ID#: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

RN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Clerk/LVN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

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FORM NO. HS1075 (11/23/2009)