Hartford Hospital
A Hartford HealthCare Partner

# Laparoscopic Cholecystectomy
# Surgical Admission Orders

**Check box to initiate order**

549328C R09/11

## ALLERGIC: ☐ NO ☐ YES_____

| DATE/TIME MD SIGNATURE | PHYSICIAN'S ORDERS (excludes medication orders) | NOTED BY WHOM | DATE/TIME MD SIGNATURE | MEDICATION ORDERS (includes iv's bloods, blood components) | NOTED BY WHOM |
|---|---|---|---|---|---|
| | **Admit to: JB4/Same Day Admission unit** | | ☐ | Ibuprophen (ie Motrin®) 800 mg po 1 dose on | |
| | **Admit Date:** | | | admission | |
| | **Admit DX:** | | | | |
| | **Please indicate level of care: ☐ Outpatient (JB4)** | | | All prophylactic antibiotics will be administered on induction | |
| | ☐ Outpatient observation | | | of anesthesia with exception of Levoquin and Vancomycin | |
| | | | ☐ | Antibiotic not indicated | |
| | **Nursing:** | | | **OR** | |
| | Vital signs, height and weight on admission | | ☐ | Cefazolin (Ancef®) 2 g IV one dose | |
| | Place IV site | | | **OR** | |
| | EKG ( if not present on chart) | | ☐ | Levofloxacin ( ie Levoquin®) 500 mg IV one dose | |
| | NPO | | | Infuse over one hour. | |
| | Other: | | | AND | |
| | | | | Clindamycin (ie Cleocin®) 600 mg IV one dose | |
| | Pre-Operative Bloodwork | | | | |
| | Redraw: potassium if outside of normal parameters | | | | |
| | HCT < 30 | | | | |
| | Fingerstick Blood Glucose on all Diabetics on admission | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PHYSICIAN'S ORDER FORM

6804