White Plains Hospital Center

WHITE PLAINS, NEW YORK 10601

PRE-OPERATIVE ADMISSION ORDERS

NAME: ____________________

DATE OF ADMISSION ____________________

PATIENT LABEL / IDENTIFICATION

FOR QUESTIONS PLEASE CALL 681-2144 OR 681-2179.

Note: The Minimal Pre-Operative Requirements are Listed Below. Additional Testing is at the Discretion of the Physician.

Birth to 18 Years:

- ☐ Male - No Test Requirements
- ☐ Female - Blood or Urine Pregnancy Test - If Pregnancy Not Otherwise Excluded

19 to 39 Years:

- ☐ Hematocrit or Hemoglobin
- ☐ Blood or Urine Pregnancy Test - If Pregnancy Not Otherwise Excluded

40 Years and Over:

- ☐ Hematocrit or Hemoglobin
- ☐ Creatinine
- ☐ Glucose
- ☐ EKG
- ☐ Blood or Urine Pregnancy Test - If Pregnancy Not Otherwise Excluded

Additional Testing: ____________________

Blood Replacement:

- ☐ Type and Screen
- ☐ Type and Crossmatch ________ Units
- ☐ Autologous Blood Donation # of Units ________
- ☐ Directed Donation # of Units ________

Radiology:

- ☐ Chest X-Ray ________
- ☐ X-Ray ________
- ☐ MRI ________
- ☐ CT Scan ________
- ☐ Ultrasound ________
- ☐ Other ________

WMDORDERS

Allergies: ____________________

Anesthesia:

☐ General ☐ Local ☐ Standby

☐ Regional

History and Physical:

☐ Dictated Date: Time:

Pre-operative Clearance and/or Labs Done

by Dr.: ____________________

Tel. #: ____________________

Pre-Op Medications/IV's:

____

Prophylactic Antibiotic Protocol

Cefazolin 1gm IV to be given 0-60 minutes Pre-op ☐

Other: ____________________

to be given 0-60 minutes per-op

DVT Prophylaxis:

Sequential Compression Device ☐

Anticoagulation: ☐

____

Prep ____________________

Physical Therapy:

☐ Crutch Walking ☐ NWB ☐ WBAT

☐ Post-op Shoe

☐ Total Joint Replacement

☐ Hip ☐ Right ☐ Left

☐ Knee ☐ Right ☐ Left

Physician Signature Date

Scan To Pharmacy

105-520 107177 (06/08)