Anesthesia Preoperative/Postoperative Orders (Page 1 of 2)

**Preoperative Orders**

Please check all that apply to your patient:

**Diagnostic Testing**
- CHEST XRAY
- ECG
- OTHER __________________________

**LABS**:
- Potassium (K+)
- Hemoglobin (Hgb)
- UCG
- Blood glucose per laboratory draw only
- Blood glucose per protocol
- Other Labs ________________________

**IV Access, Solutions and Rates**:
- Start Intravenous line with 18 gauge catheter. If unable to obtain, contact anesthesia.
- Inject 0.1-0.2 mL lidocaine 1% Subcutaneous at IV insertion site as needed per patient request for one dose
- Lactated Ringer’s 1000 mL at 75 mL/hour
- 500 mL at mL/hour
- 1000 mL at keep vein open
- Normal Saline 250 mL at ___________mL/hour

**Medications**
- Metoclopramide (Reglan) 10 mg IV Push over 1 minute for 1 dose
- Bicitra 15 mL orally for 1 dose
- Glycopyrrolate (Robinul) _____ mg, IV Push for 1 dose
- Famotidine (Pepcid) 20 mg IV Push for 1 dose
- Other: ____________________________

**Perioperative Glycemic Control Insulin Protocol**
- Implement Perioperative Glycemic Protocol:
  - Appendix A - Perioperative Glycemic Control Insulin Infusion Nomogram (ICU bound patients only)
  - Appendix B - Insulin Sensitive - Perioperative Glycemic Control Insulin Infusion Nomogram (ICU bound patients only)
  - Appendix C - Correctional Insulin Guidelines for Perioperative Outpatient and General Practice (GPU) Patients – Select Level
    - Insulin Level 1
    - Insulin Level 2 (Bariatric Patients Only)
    - Insulin Sensitive "IS" Level (End Stage Renal Disease)

**Pediatric Orders**
- Apply EMLA (lidocaine 2.5%/prilocaine 2.5%) cream to dorsum of both hands 1 hour before IV start
- Midazolam (Versed) _______ mg orally at ________ (insert time) for 1 dose
- Glycopyrrolate (Robinul) ______ mg, orally for 1 dose
- Other: ____________________________
Anesthesia Preoperative/Postoperative Orders (Page 2 of 2)

POST OPERATIVE ORDERS

Please check all that apply to your patient

RESPIRATORY THERAPY

☐ Wean patient as tolerated by
  ☐ O2 Saturation by pulse oximetry
  ☐ Oxygen Saturation (SpO2) by arterial blood gases (ABG)
  ☐ Oxygen via Nasal Cannula/Face mask to keep O2 saturation 92% and wean to baseline value
  ☐ Ventimask at _______%
  ☐ Ventilator: IMV Mode
    FIO2 _______ Vt ________ CC ______ Rate _______ min PEEP _______ cmH20

DIAGNOSTIC TESTING

☐ Blood glucose per laboratory draw only
☐ Blood glucose per protocol
☐ Other _______________________

IV SOLUTIONS AND RATE

☐ Continue IV fluids till ready for discharge at 75 mL/hour
☐ Other IV fluid _________________________________ at _________ mL/hour

MEDICATIONS

☐ Hydromorphone (Dilaudid) 0.5-1 mg IV Push, every 10 minutes as needed for pain up to 2 mg
  (Note: hydromorphone 0.2-0.3 mg intravenous is approximately equivalent to 1 mg morphine intravenous)
☐ Morphine 1-2 mg IV Push as needed for pain every 10 minutes up to 8 mg
☐ Meperidine (Demerol) 25 mg IV Push as needed for shivering times 1 dose
☐ Midazolam (Versed) ______mg IV Push as needed for anxiety, may repeat x ________.
☐ Ondansetron (Zofran) 4 mg IV Push once as needed for Nausea/Vomiting.
☐ Patient Controlled Analgesia (PCA) pump at bedside. Start when pain score is less than 4/10 and patient is to be discharged to floor within 15 minutes. (Must complete Patient Controlled Analgesia Medication Order form)
☐ Other_________________________________________________

PERIOPERATIVE GLYCEMIC CONTROL INSULIN PROTOCOL

☐ Implement / Continue Perioperative Glycemic Protocol:
  ☐ Appendix A - Perioperative Glycemic Control Insulin Infusion Nomogram (ICU bound patients only)
  ☐ Appendix B - Insulin Sensitive - Perioperative Glycemic Control Insulin Infusion Nomogram (ICU bound patients only)
  ☐ Appendix C - Correctional Insulin Guidelines for Perioperative Outpatient and General Practice (GPU) Patients – Select Level
    ☐ Insulin Level 1
    ☐ Insulin Level 2 (Bariatric patients only)
    ☐ Insulin Sensitive “IS” Level (End Stage Renal Disease Patients)

PEDIATRIC ORDERS:

☐ Morphine _______ mg (0.1 mg/kg) IV PUSH every 8 minutes as needed for pain up to _________ mg
☐ Acetaminophen elixir (Tylenol) ____________ mg (10-15 mg/kg for patients below the age of 12), orally as needed for pain
☐ Other _________________________________

☐ DISCHARGED BY PHYSICIAN ______________________________________ Print Signature __________________________ Date __________ Time __________ AM/PM

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