

# Women's Physician Surgery Center

## Physician's Surgery Orders

Date & Time		Time	RN initials
Ordered			
	Patient Name:		
	Pre-op ORDERS:(check appropriate orders) Date:_____		
	1. Sign Surgery Consent for:		
	2. Sign Sterilization Consent:(circle) Yes No		
	All labs, EKG, X-Rays to be done at WPSC on day of surgery unless otherwise indicated.		
	3. PER WPSC: (circle) _____ CRITERIA		
	CBC U/A URINE PREGNANCY RHOGRAM		
	PT PTT CAP. COAG TBT		
	ACCUCHECK BS K+ BS		
	LYTES PRO 6 PRO 12		
	EKG CHEST X-RAY		
	Additional Labs:_____		
	4.Pre/Shave operative site:_____		
	5. Start IV antibiotic preop_____ USE IVF OF _____		
	Anesthesia choice at KVO rate.		
	6. Follow my routine pre-op orders for this procedure on file at WPSC		
	7. Old chart to OR		
	8. Local cases only: Pre-op meds-_____		
	9.Additional Orders:_____		
	Post-OP ORDERS: (check appropriate orders)		
	1._____ PO PRN painx1. Locals only		
	2._____ IM PRN painx1. Locals only		
	3. Follow my routine post-op orders for this procedure on file.		
	4. Cold therapy to operative site: (circle) YES NO		
	5. Care of dressing: Change dressing PRN		
	Reinforce dressing PRN		
	6. Drain placed : (circle) YES NO		
	Remove drain in PACU		
	Remove drain at discharge from patient room		
	Maintain drain as placed - to be removed in surgeon's office		
	follow up		
	7. Special Care Post-Op:_____		
	8. Release from WPSC after discharge criteria met and patient is stable		
	9. Additional Orders:_____		

MD. Signature:\_\_\_\_\_