THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 **PHYSICIAN'S ORDER FORM**	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS **PREOPERATIVE ORDERS: THORACIC**
		Reference:
	1.	**Allergies:** _____ **Weight in kg**_____ **Admit/transfer to surgical service CTS Nursing unit:**_____ **Attending name:**_____ **Pager:**_____ **Resident name:**_____ **Pager:**_____
	2.	**Diagnosis:**
	3.	Record advance directive per policy.
	4.	Have operative and blood consents signed for _____ _____ on _____ by **Dr.** _____.
	5.	**Pre-op lab and diagnostics:** a. Labs: ❑ Cardiac Surgery Profile ❑ BUN, Creatinine, Electrolytes ❑ CBC ❑ Other_____ b. For all female patients ≤ 50 yrs. of age perform urine HCG, unless patient has had a hysterectomy. c. ❑ Type and crossmatch for _____units packed cells. ❑ Type and screen only. d. Additional blood products as follows:_____ e. EKG. f. CXR. Films to OR with patient. g. Additional tests as follows: _____
	6.	**Pre-op treatment orders:** a. Bedside RN to complete pre-op teaching (include Incentive Spirometer unit instruction). b. NPO after midnight. c. Shower or wash for 10 minutes, day prior to surgery, with antibacterial soap.
	7.	**Additional orders:** ❑ Consult Anesthesia. ❑Epidural, in OR Holding. ❑ Central line, in OR Holding. ❑ Call CTS ICU for bed reservation (extension 8-8100). ❑ Old chart to OR.
	8.	**Medications:**
	9.	❑ Same Day Admit ❑ Clinic – Date / Time_____ Case#_____

Physician Signature: _____ Pager: _____

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