



STONY BROOK
UNIVERSITY
MEDICAL CENTER
Stony Brook, N.Y. 11794

**PRE-SURGICAL ORDERS:
(ADULTS AND PEDIATRICS)**

**PRE-ADMISSION ORDERS: Must include physician's signature and ID#
STAT ORDERS MUST BE COMMUNICATED TO NURSE**

Attending Physician: _____ Date of Procedure: _____

Diagnosis: _____

Allergies: _____

Procedure: _____

Time needed: _____ hours Height: _____ Weight: _____ kg

Pre-Operative Services Appointment: _____

Anesthesiology Consult: No Yes Reason for Consult: _____

Child ASA II/chronic disease Any patient ASA III for elective surgery

Proposed Anesthesia: Regional/General Monitored Anesthesia Care

Admission Type: SDA ASU ASC

SDA Anticipated Post-op disposition: ICR ICU Telemetry Floor bed

PRE-ADMISSION ORDERS (check appropriate test)

	RN Init/ID		RN Init/ID
<input type="checkbox"/> CBC		<input type="checkbox"/> CBC with diff	
<input type="checkbox"/> Type and screen		<input type="checkbox"/> Red Blood cells: _____ units	
<input type="checkbox"/> Chem 8		<input type="checkbox"/> Chem (specify):	
<input type="checkbox"/> PT		<input type="checkbox"/> Chest X-ray PA/lateral	
<input type="checkbox"/> PTT		<input type="checkbox"/> Xray: other	
<input type="checkbox"/> Urinalysis		<input type="checkbox"/> EKG x 1	
<input type="checkbox"/> Urine culture		<input type="checkbox"/> Glucose Finger Stick X 1	
<input type="checkbox"/> Urine HCG qual.		<input type="checkbox"/> Other:	

Diet: NPO

IV: Peripheral IV insertion Saline lock

IV FLUIDS: _____ to run at _____ mL/hr

Medications:

Antibiotics:

Antibiotics: See antibiotic order sheet

Antibiotics not necessary

DVT Prophylaxis:

Heparin 5000 units SQ X 1 (1-2 hours pre-op)

Enoxaparin (LOVENOX) 40 mg SQ X 1 (1-2 hours pre-op)

Beta Blockade:

Ordered Not needed Per anesthesia in pre-op services

MD/LIP/NP Signature: _____ ID#: _____ Date: _____ Time: _____

Nurse Signature: _____ ID#: _____ Date: _____ Time: _____