(Patient Label)
Patient Name
_____
Date of Birth _____

Baylor Scott & White Surgical Hospital at Fort Worth

DATE	TIME	PRE - OPERATIVE ORDERS
		Patient Status: In-Patient / Out-Patient
		Allergies:
		Diagnosis:
		Have Consent signed for:
	*	**PRE-ASSESSMENT TESTING: Testing per Anesthesia Guideline** [X]
		Surgeon Ordered Additional Testing: ☐ **HGB/HCT** ☐ **HgbA1C** ☐ **CBC** ☐ **BMP** ☐ **CMP** ☐ **HIV**
		☐ **Sed Rate** ☐ **PTT / PT/ INR** ☐ **Liver Panel**
		☐ **UA** ☐ **UA with Reflex**
		☐ **LDH** ☐ **CRP** ☐ **Albumin** ☐ **PreAlbumin** ☐ **Transferrin**
		☐ **EKG** ☐ **CXR (PA / LAT)** ☐ **HIP (PA / LAT)** ☐ **Pelvic (PA / LAT)**
	*	**DAY OF SURGERY: PRE – OP TESTING:** **Initiate Pre Op Guideline:** [X] **Adult** ☐ **Dialysis Patient** ☐ **Pediatric**
		Surgeon Additional Day of Surgery Orders: ☐ **HGB/HCT** ☐ **CBC** ☐ **BMP** ☐ **CMP** ☐ **HIV**
		☐ **Sed Rate** ☐ **PTT / PT / INR** ☐ **Liver Panel** ☐ **UA**
		☐ **Platelet Function Assay (Is Patient Taking** ☐ **Aspirin** ☐ **Plavix)**
		☐ **Type and Screen**
		☐ **Type and Cross Match for _____ Units PRBC**
		☐ **EKG** ☐ **CXR (PA / LAT)** ☐ **HIP (PA / LAT)** ☐ **Pelvic (PA / LAT)**
	*	**PRE OP ANTIBIOTICS: (**Weight based per pharmacy**) Initiate SCIP Guideline** [X]
		OTHER ANTIBIOTICS:
		a)
		b)
		ADDITIONAL MEDICATIONS:
		a)
		b)
		c)
		d)
	*	**VTE Prophylaxis:** [X] **SCD Knee / Foot** ☐ **TEDS Knee high / Thigh high**
		ADDITIONAL ORDERS:
		a)
		b)
		c)

*Physician Signature _____ Date _____ Time _____

Updated 1/2019