ORD

ORDERED Date	ORDERED Time	Pre-Op AAA / Aorto-BiFemoral Orders - Dr. Crocker	TIME ORDER NOTED
		Check appropriate boxes	
		Admit to Dr. Crocker: to CCU post-operatively	
		Diagnosis:	
		Expected Surgery Date:	
		Allergies:	
		Operative Consent for:	
		NPO after midnight on the night prior to procedure	
		Labs: (do not repeat if done within 72 hours of surgery)	
		CBC, BMP, Mg, PT/PTT, urinalysis	
		Type and Crossmatch for_____units of packed red blood cells to be	
		available intraoperatively.	
		EKG within 72 hours of admission; post to chart	
		PA and Lateral Chest X-Ray within 72 hours of admission; report on chart	
		☐ Cefazolin 2 grams IVPB to be infused within 1 hour prior to incision	
		☐ Vancomycin 1 gram IVPB to be infused in holding	
		CT (abdomen/pelvis) and/or Aortic angiogram report to chart	
		Hibiclens shower or bath the night and morning prior to surgery	
		Clip-Prep lower chest, abdomen, groin/thigh on the AM of surgery; Hibiclens	
		lather and rinse after clip - prep	
		Other:	
		Physician Signature:	
		Date / Time:	

▼ Addressograph / Patient Label ▼

BAPTIST. MEMORIAL HOSPITAL GOLDEN TRIANGLE

PRE-OP AAA/AORTO-BIFEMORAL ORDERS
DR. CROCKER

Form #18-214.199 (1/09)

ORIGINAL - CHART

CANARY - PHARMACY