

Raleigh General Hospital

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician

Physician's Order and Signature

Date	Time	Spine Intraoperative Orders	Verbal/Phone Order Read Back and Verified with Practitioner YES
		Nursing:	
		http://www.uptodate.com/contents/surgical-blood-conservation-intraoperative-and-postoperative-blood-salvage?source=search_result&search=cell+saver&selectedTitle=1%7E150	
		<input type="checkbox"/> Cell Saver Intraoperative Blood Salvage	<input type="checkbox"/>
		<input type="checkbox"/> Insert 16 French Foley Catheter	<input type="checkbox"/>
		<input type="checkbox"/> Apply SCD's	<input type="checkbox"/>
		<input type="checkbox"/> Apply TED's	<input type="checkbox"/>
		<input type="checkbox"/> Apply cervical collar <input type="checkbox"/> soft <input type="checkbox"/> aspen	<input type="checkbox"/>
		<input type="checkbox"/> Apply Telfa Antimicrobial Dressing	<input type="checkbox"/>
		<input type="checkbox"/> Bair Hugger in Operating Room	<input type="checkbox"/>
		<input type="checkbox"/> Gelfoam sponge <input type="checkbox"/> Small <input type="checkbox"/> Large	
		<input type="checkbox"/> By Pass PACU	<input type="checkbox"/>
		Medications:	<input type="checkbox"/>
		<input type="checkbox"/> Cefazolin (Ancef) 1 gram IV every 4 hours intraoperative after initial pre-op dose	<input type="checkbox"/>
		<input type="checkbox"/> Methylprednisolone Acetate (Depo-Medrol) 40mg	<input type="checkbox"/>
		<input type="checkbox"/> Heparin 30,000 units for Cell Saver	<input type="checkbox"/>
		<input type="checkbox"/> Indigo Carmine 5ml ampule 0.8% solution	<input type="checkbox"/>
		<input type="checkbox"/> Lidocaine 1% MPF	<input type="checkbox"/>
		<input type="checkbox"/> Bupivacaine (Marcaine) 0.25%	<input type="checkbox"/>
		<input type="checkbox"/> 0.9% Normal Saline Injectable	<input type="checkbox"/>
		<input type="checkbox"/> Isovue M 200 ___ ml x ___ (Injections)	<input type="checkbox"/>
		<input type="checkbox"/> Thrombin 10,000 units for patties	<input type="checkbox"/>
		<input type="checkbox"/> Duramorph 10ml Route: _____	<input type="checkbox"/>
		<input type="checkbox"/> Marcaine 0.25% with epinephrine	<input type="checkbox"/>
		<input type="checkbox"/> Bacitracin 200,000 units + Polymyxin B 2,000,000 units ml NSS	<input type="checkbox"/>
		<input type="checkbox"/> Bacitracin 100,000 units in 1000ml Normal Saline	<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
		Physician's Signature _____ Date: _____ Time: _____	<input type="checkbox"/>

ALLERGIES & SENSITIVITIES [] NKA		
WEIGHT	HEIGHT	DIAGNOSIS

PATIENT ID LABEL HERE