hosc
HOUMA OUTPATIENT SURGERY CENTER

Houma Outpatient Surgery Center, *AAAHC ACCREDITED*

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Houma Outpatient Surgery.com

Physician's Orders

Please write as clearly as possible. Generic substitutions may be prevented by indicating "Brand Necessary"

Date	Time	Medication & Treatment
		1 Admit Patient to HOSC for_____
		2 NPO for 8 hours prior to surgery
		3 Vital Signs & Ht/Wt on admit and record on H&P
		4 Pre Op Labs_____
		5 IV Fluids 1. D5R/L **2. (If Diabetic) R/L @KVO Rate** **3. If age < 10 years, IV fluids per anesthesia**
		6 Antibiotics IVPB on call to OR A. **Ancef: 1 gram** *(2 grams for males over 155 lbs and females over 140lbs & re-dose Q6)* **B. Clindamyacin: 600 mg** *(900 mg for males over 155 lbs/females over 140 lbs)* **C.** *Other:*_____ _____
		7 TED Hose Yes No
		8 SCDs for all General Anesthesia Procedures (apply in Admit) **Send patient home with SCDs for _____days post-op**
		9 Verify post-operative care arrangements
		10 Review procedure-specific post-operative care instructions with patient and family at time of discharge
		11 Other:

Physician Signature