

PHYSICIAN'S ORDERS



NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>
	Routine Pre-Op Mastectomy Protocol
Admit to Dr. _____	
<input type="checkbox"/> Admit Inpatient	
Diagnosis: _____	
Procedure: _____	
PRE-ADMISSION TESTING: Initiate Mastectomy Care Map	
LAB WORK AND RADIOLOGY:	
1. <input type="checkbox"/> CBC no Diff <input type="checkbox"/> CBC with auto Diff <input type="checkbox"/> CBC with manual Diff	
2. CMP	
3. EKG on patients 40 years and over-omit if EKG done in past 6 months. Attach EKG Report to Chart.	
4. CXR (all patients regardless of age unless done in last 6 months.)	
5. Other: _____	

CONSULTS:	
6. Anesthesia for pre-op evaluation	
7. Case Management with date of surgery. Notify Nurse Navigator at 256-737-2842 for all Mastectomy patients.	
8. Other: _____	
9. Review information listed on Surgical Teaching Plan/Checklist	
10. Permit signed and on chart for: _____	
11. Additional Orders: _____	

HOLDING AREA/DAY OF SURGERY:	
1. Compression Stocking – intro op	
2. Ancef 1 gm IV in holding area 30-60 minutes prior to surgery (if not allergic to PCN)	
Or:	
3. Additional orders: _____	

MD Signature: _____ Date & Time: _____	

Cullman Regional Medical Center Please use Ball Point Pen ONLY Physician's Orders

Revised: 10/30/13 Page 1 of 1 **DO NOT USE: U IU QD QOD MS MSO4 MgSO4**