

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

OB Tubal Ligation Pre-op

Version 2 7/28/15

General

- Order for Surgery
Specific Surgery: Bilateral Tubal Ligation
Date of Surgery: _____
Obtain the Written Authorization for Ordered Surgery

Nursing Orders

- Have patient void just prior to start of procedure
- Straight Catheter prior to start of procedure

Diet

- NPO at _____

IV Fluids

- Lactated Ringers IV
 - 125 milliliter/hour continuous intravenous infusion
 - Other _____

Provider Signature: _____ Date: _____ Time: _____