

(place patient label here)

Patient Name: \_\_\_\_\_

**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



**PROVIDER ORDERS**

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

## Colorectal Surgery Bowel Prep

**Version 4    Approved 5/30/18**

### Nursing Orders

- ☒ Patient to shower with hibiclens night before surgery and morning of surgery.
- ☐ 20 ounce Gatorade: Drink the morning of surgery.
  - [ ] at \_\_\_\_\_ (time)
  - [ ] on the way to the hospital
- ☐ Pre surgery **ENSURE CLEAR NUTRITION DRINK**, 10 ounces two hours prior to surgery.

### Diet

***For diet with bowel prep select:***

- ☐ Clear Liquid Diet starting 24 hours prior to the day of surgery  
Additional Instructions: DO NOT EAT SOLID FOODS. Continue to drink Gatorade or water until you arrive at the hospital in the morning.

***For diet without bowel prep select:***

- ☐ Clear Liquid Diet starting 24 hours prior to the day of surgery  
Additional Instructions: DO NOT EAT SOLID FOODS. Continue to drink Gatorade or water until 2 hours prior to surgery.

### Medications

metoclopramide (REGLAN)

- ☒ 10 milligram orally for 2 doses (if doing bowel prep) on the day before surgery at noon and 6 PM

erythromycin

- ☐ 1 gram orally for 3 doses on day before surgery at 1 PM, 2 PM and 10 PM with neomycin

metronIDAZOLE

- ☐ 1 gram orally for 3 doses on day before surgery at 1 PM, 2 PM and 10 PM with neomycin

neomycin

- ☒ 1 gram orally for 3 doses on day before surgery at 1 PM, 2 PM and 10 PM with erythromycin or metronidazole

Golytely

- ☐ 240 milliliter orally every 10 minutes Begin at 6:00 PM the day before surgery and finish by 9:00 PM

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_