

(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: _____

Phlebectomy Pre-Operative

Version 1 7/16/18

- Order for Surgery: **Division, stripping greater saphenous vein** Right Left
(Provider to mark vein in holding area before patient enters operating room)

- Secondary phlebectomy** Right Left

- Date of Surgery: _____

Patient Placement

Patient Status

- Admit to inpatient
- Surgical Daycare

Nursing Orders

- Initiate pre-operative anesthesia protocol
- Order for Surgery Routine (*Obtain the Written Authorization for Ordered Surgery*)
- Weigh patient and record
- Sequential Compression Device
- Knee High Anti-Emboloc Stocking
- Thigh High Anti-Emboloc Stocking
- Arterial Venous Impulse

IV/Line Insert and/or Maintain

- Peripheral IV Insert/Maintain

IV Fluids-Maintenance Specific Fluids

- Lactated Ringers
 _____milliliters/hour

Medications

- INITIATE *Surgical Antibiotic Prophylaxis Protocol*
- Other**
- Tumescant Anesthesia – **SEND TWO 1 liter bags**
 - Sodium Cholride 0.9% - 1 liter
 - Lidocaine - 800 milligrams/liter
(Maximum dose 50mg/kg body weight)
 - Sodium Bicarbonate - 10 milliequivalents/liter
 - Epinephrine 1:1000 - 2 milliliters/liter (2 milligrams/liter)

Initials_____

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PROVIDER ORDERS

Laboratory

- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- COMPREHENSIVE METABOLIC PANEL
- PT (PROTIME AND INR)
- PTT
- PREGNANCY TEST, SERUM
- UA W/MICROSCOPY, CULT IF INDIC

Radiology and Diagnostic Tests

- ECG

Provider Signature: _____ Date: _____ Time: _____