

PREOPERATIVE ORDERS

Date: _____

Name: _____

Date of Birth: _____

Admit to Palouse Surgery Center

Date of Surgery: _____ Procedure: _____

I.V./SL per Anesthesia Orders

NPO after midnight or per Anesthesia Protocol

Nair Hair Removal if needed

DVT Risk: Low Risk Moderate Risk High Risk

DVT Prophylaxis: Compression Stockings SCD Low dose Heparin
 Not indicated

Preop Medications: _____

Other: _____

Physicians' Signature: _____ Date: _____

Nurse Signature: _____