Crescent View Surgery Center

Physician Orders

Patient Name _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Admit to Dr.
		Diganosis:
		Condition: Good
		Vitals: Per Routine
		IV: ❒Hep Lock
		❒ IV NS_____ml at _____ ml/hr
		Antibiotics:
		☐ Ancef 1 gram in 100 ml D5W to be infused over 30 minutes; initiate
		☐ Ancef 2 gram in 100 ml D5W ≤ 60 min prior to incision time
		If allergic to Penicillin, then give:
		☐ Vancomycin 1 gram in 250 ml D5W to be infused over 60 min; initiate ≤ 120 min
		prior to incision

Date _____ **Physician Signature** _____