

### Appendix 6: 14-01 Medical Directive: TMH Pre-Surgical Assessment Medication Management Order Set

Allergies:  NKA or \_\_\_\_\_

\*\*\*The following medication instructions are dictated by 14-01 Medical Directive: Pre-Operative Medication Instructions for Ambulatory Surgery Patients and provided to the patient by the Pre-Surgical Assessment (PSA) Nurse\*\*\*

Patient Home Medication List (must include dose, route and frequency)	PSA Nurse	
	HOLD Pre-Operatively	Administer Day of Surgery
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Herbal supplements:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insulin: <input checked="" type="checkbox"/> Instruct patient to take half of their insulin dose the evening before surgery,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insulin Pump: <input checked="" type="checkbox"/> Patient to contact family MD or internal medicine MD for special instructions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medications Instructions Provided to Patient	_____ PSA Nurse Signature Time: _____ Date: _____	

Transcribed By: \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Checked By: \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Sent to Pharmacy Date \_\_\_\_\_ Time \_\_\_\_\_