ENT Pre Surgery Orders

R3591 Rev. 12/2020

To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name:

Phone: Fax:

Patient Name:

Date of Birth

Surgery confirmation #



Procedure Order:
WEIGHT (kg): ALLERGIES:
□ General/MAC/Regional Anesthesia Pre Admission Testing/Same Day Surgery RN to check if below criteria is met ECG required - within 6 months of surgery if: Diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), or DM PT/INR day of surgery required - if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days POCT Glucose day of surgery required - if diabetic, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia Potassium day of surgery required - if: 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant) Urine pregnancy (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery - required if female with no history of hysterectomy and: 1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia) Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr □ Other IV □ Local Anesthesia
Pre-operative consultation to evaluate for risk factors prior to surgery □ per PCP, may use hospitalists if not available □ per hospitalist □ per surgeon: date
Nursing: □ Draw IOPTH in SDS – 1) Draw from IV 2) Place in lavender top tube 3) Fill out requisition form (do not enter in Epic) 4) Hand carry to Chemistry bench in lab
Labs: □ CBC □ PTT □ PT/INR □ Basic Metabolic Panel (EP1) □ Fibrinogen □ Urinalysis □ Type& Screen □ PTH intact □ Calcium □ Vitamin D 25 Hydroxy Total ☑ COVID19 □ Other
Diagnostic Studies: Chest X-ray PA & Lateral Other:
Reason: ECG Reason:
VTE Mechanical Prophylaxis: □ Place SCD prior to induction of anesthesia □ Knee □ Thigh □ Right □ Left □ Bilateral □ NO SCD needed-must give reason □ Already anticoagulated □ Ambulating □ Refused □ Comfort measures only □ Fall risk □ Not indicated-low clinical risk
VTE Pharmacologic Prophylaxis: ☐ Heparin 5,000 units, subcutaneous, preop once ☐ No pharmacologic VTE-must give reason ☐ Already anticoagulated ☐ Bleeding risk ☐ Active bleeding ☐ Refused ☐ Comfort measures only ☐ Thrombocytopenia ☐ Not-indicated-low clinical risk
Medications: ☑ acetaminophen tablet 1,000 mg, oral, pre-op once ☑ famotidine tablet 20 mg, oral, pre-op once ☐ Oxymetazoline HCL (Afrin) nasal spray- 2 sprays each nostril pre-op, unless allergic ☑ Dexamethasone 4 mg IV pre-op once. Alternate dosemg
□ No preop antibiotics needed
Pre-Operative Antibiotics: * Required: *Open Mandibular Fracture; *Interdental Fixation; *Diverticulectomy of Hypopharynx or *Esophagus (Cervical Approach) or other
☐ Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 Alternate if allergy give Clindamycin 900 mg IVPB x1
Additional antimicrobial coverage: ☐ Metronidazole 500mg IVPB x1 OTHER:

Physician Signature _____ Date: ____ Time: ____