

General/Colorectal Pre Surgery orders

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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 Orders: _____

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 _____

Request for anesthesia to provide postoperative advanced pain management

Nursing: Void on call to OR
 Enhanced Recovery
 2% Chlorhexidine Gluconate wash cloths to be used to operative site upon arrival

Labs: CBC Type& Screen Basic Metabolic Panel (EP1) PT/INR PTT Hemoglobin A1C LDH Liver Profile
 Amylase Lipase Urinalysis with reflex microscopic Nicotine (cotinine), urine 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 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
 Thrombocytopenia Not-indicated-low clinical risk

No preop antibiotics needed

Pre-Operative Antibiotics: *Required

Colorectal procedures* or other
 Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 **plus** Metronidazole 500mg IVPB **Alternate if allergy** give Levofloxacin 750mg IVPB x1 plus Metronidazole 500mg IVPB x1

Percutaneous G-tube* or other
 Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 **Alternate if allergy** give Levofloxacin 750mg IVPB plus Clindamycin 900mg IVPB

Other antimicrobial coverage

Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 **Alternate if allergy** give Clindamycin 900mg IVPB x1
 Vancomycin 15mg/kg (not to exceed 2000mg) IVPB x1 – **For peritoneal dialysis catheter placement or allergic to cefazolin AND clindamycin**

Other: _____

Gabapentin 300 mg x1 Oral 1-2 hours before surgery **Alvimopan 12 mg x1 Oral 1-2 hours before surgery**
 Oxycodone TR tablet 10 mg Oral 1-2 hours before surgery

Physician Signature _____ Date: _____ Time: _____