

GYN & GYN/ONC 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)
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

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 for all GYN patients 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

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:
 2% Chlorhexidine Gluconate wash cloths to operative site-abdominal cases
 Anesthesia to place triple lumen catheter **ICU bed post op**

Labs: CBC PT/INR PTT Type & Screen CA-125 Basic Metabolic Panel (EP1) LIPV
 Missed Ab-If Blood Type Unknown: T&S for Group & Rh Blood Type, if known: _____ **Urinalysis**
 COVID19 **Chromosome Analysis, Natera Prod of Conc** **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**

Ablations: **No Ketorolac** **Ketorolac at discretion of AAC**
 Ketorolac 30 mg IM **Ketorolac 60 mg IM** **Ketorolac 30 mg IVP**

Albuterol 2.5 mg/0.5 ml by HHN with I.S. to follow **Pepcid 20 mg IVP on call**
 Chlorhexidine 4% liquid topically in shower the night before and the morning of surgery, concentrating on abdomen

No preop antibiotics needed

Pre-Operative Antibiotics: *Required:
***Hysterectomy & Urogyn procedures (*Bladder Sling & *Paravaginal Defect Repair)**
 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 plus Gentamicin 5 mg/kg IVPB x1 (Off-site Surgery Centers – substitute Levofloxacin 750 mg IVPB x1 instead of Clindamycin + Gentamicin)
 Metronidazole 500mg IVPB x1

Induced or Spontaneous Abortion/D&E
 Doxycycline 100mg PO x1 **Doxycycline 100mg IVPB x1**
OTHER: _____



Physician Signature _____ Date: _____ Time: _____