**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:                         

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**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 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) 11-35 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)  
- LIVP  
- Missed Ab-If Blood Type Unknown: T&S for Group & Rh  
- Blood Type, if known:____________  
- Uritalysis

** 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

** 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)

** Induced or Spontaneous Abortion/D&E**

- Doxycycline 100mg PO x1
- Doxycycline 100mg IVPB x1

** OTHER:**

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Patient Name: __________________________  Date: __________________  Time: ______________

Physician Signature __________________________  Date: __________________  Time: ______________